Maternal and Child Health Services
Title V Block Grant

State Narrative for Guam

Application for 2010
Annual Report for 2008

Document Generation Date: Monday, September 28, 2009

Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

The assurances and certificates are maintained at the Chief Public Health Office at the Department of Public Health and Social Services.

//2007// No changes

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

/2009/
The Governor of Guam signed Public Law 28-57 on June 30, 2005. Public Law 28-57 is "An Act to Repeal and Reenact Sections 10305 and 10306 of Chapter 10 of Title 5 GCA to Require Each Government Department of Agency to Post and Maintain an Internet Homepage or Website and Provide Information to the General Public, otherwise to be Know as "The Transparency Act of 2005."

The intent is to allow for individiuals to seek information about a department's or agencies mission, public services, public announcements or to download documents pertinent to the department or agency and the service they provide.

The Guam Title V program makes every effort to encourage individuals who use program services to voice their concerns or ideas regarding the quality and effectiveness of the Program. This aspect of developing public input as a regular "check up" is especially focused on our families from the neighboring islands. These families rarely would attend a formal hearing c0ncerning the Title V Program.

A client satisfaction survey was conducted from September 4 through September 28, 2007 at the Mangilao Clinic to assess care and services provided.

Two hundred and thirty seven (237) completed the survey. Fifty six percent (56%) were female and 44% were male. Sixty four percent (64%) were returning clients and 26% were new to the MCH Program, 10% did not identify themselves.

Majority of the clients were Filipino (41%) followed by Chamorro (32%), Chuukese (12%), Pohnpeian, Yapese, and Belauan were at 3%. The overall satisfaction of clients about the care and services that were provided to them was a 99% approval.

After transmittal to the Maternal and Child Health Bureau, the final version of the Maternal and Child Health Application/Annual Report for FY 2009 will be available on the Department of Public Health and Social Services web site. www. dphss.guam.gov //2009//

/2010/

The Bureau of Family Health & Nursing Services (BFHNS) has always valued the input of the stakeholders and improving patient care is top priority of the bureau's management team. So the bureau had created and still continues to provide the Quality Assurance/Improvement services. The biannually the BFHNS conducts a Client Satisfaction Survey to the clients within our Central Regional Health Center (CRHC) that are seen within our MCH clinics. On September 30, 2008 the client satisfaction survey was conducted to the clients with or without appointments at the CRHC clinic. Surveys were collected by the QI Coordinator and data was analysis, QI report on the survey results done and submitted to the BFHNS Administrator. The Administrator then reviews it, shares the analysis with the Community Health Supervisors, and they review it their staff. Some of the results stated that 91% had make an appointment to be seen at the clinic, 90% of the respondents showed satisfaction on the length of time it took to complete their clinic visit, 98% of the client's question were answered satisfactorily by the healthcare provider and 98% clients satisfied with the care he/she received.

There is a lot of work promote a program to the community by media, stories, and word of mouth. The way to promote a program is informing the clients with accurate information and correcting any misinformation that has been around. The BFHNS Administrator has always stressed to her staff, that "you" the Community Health Nurses, are the "walking Public Health Center". How you look, what you say, how you address concerns, and how you carry out your mission, is how the community sees the Department of Public Health. Their perception of the staff, building, restrooms, customer service, and how you do your job, makes the department brighter or dimmer. So if you present accurate and clear information at a public presentation, then that's what the client is going to remember and follow. So promoting the Maternal Child Health program, the staff needs to know what our services are, who are eligible, what information is needed to apply for these services, and where to obtain these services. Future in-service plans include conducting several programs within the Division of Public Welfare and other divisions present to our BFHNS staff once a month their programs/services that they provide to the community we serve.

Public Input is a valuable tool to increase the success to the program and improve services. The Department of Public Health & Social Services (DPHSS), the Maternal and Child Health Program (MCH) and the Division of Public Welfare (DPW) are all partners with Project Tinituhon "All Eyes on Five" is a collaborative project designed to plan, develop, implement, and maintain on island-wide, cross-agency early childhood comprehensive system to support families and the community of Guam develop children who are healthy and ready to learn at school entry. This program helps us spread the services that the DPHSS

By assist in supporting the mission of the DPHSS, the MCH Program and Project Tinituhon, a center for parents to find resources and receive training was created by a coalition of parents called Guam's Positive Parents Together, Inc (GPPT) wrote and submitted a U.S. Department of Education Federal Grant application for Project DREAMS, a program "Dedicated to Reaching Excellence and Maintaining Success". They were awarded the Federal Grant to open and run a Parent Information and Resource Center (PIRC) for parents of children ages 0 to 21 years. So this center was open on January 17, 2008 and is located in Hagatna at the capital of Guam, at a well establish Commercial Center. The PIRC's mission is to increase parent involvement in children's education by providing information, resources, training, and support, so these young learners can succeed both in school and in life. PIRC's vision is they will work with parents, schools, and the community, to help children achieve academic and social success that will ultimately improve the quality of life for all on Guam... So the services or trainings (early childhood workshops) called ALON (All Training Opportunities Nurture Growth) and GELG

(Guam Early Learning Guidelines). These workshops are courses that Project Tinituhon needed to provide to assist parents with the children. These partnerships helped in sharing goals to be met for a healthy maternal and child lifestyle. //2010//

II. Needs Assessment

In application year 2010, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

/2009/ The new and revised list of priority needs for Maternal and Child Health (MCH) on Guam encompasses all levels of the MCH health services pyramid and in some cases, span the pyramid levels. Throughout the process of selecting the priority needs, participants preferred that the priority needs be looked at as "opportunities for improvement" that should be looked at in equal importance. The priorities that follow and the specific performance measures related to each stem specifically from areas of unmet needs on Guam.

The following are Guam's Maternal and Child Health priority needs for the next five years:

1. To decrease infant mortality and morbidity, preterm births and low birth weight.
2. To decrease mortality and morbidity among adolescents.
3. To decrease intentional and unintentional injuries in the MCH population.
4. To increase care coordination and public awareness for children with special health care needs.
5. To reduce unintended and intended adolescent pregnancies.
6. To reduce unhealthy and risk-taking behavior among adolescents.
7. To assure early identification and referral of substance abuse, domestic violence and child abuse, and neglect.
8. To assure that all children with special health care needs have a medical home for comprehensive, primary and preventive health care with coordination of all health and support services.

While the product of the Needs Assessment is created at a point in time, the Guam process is ongoing and dynamic. Both quantitative and qualitative results of the activities of MCH services are accumulated to be used as resources for the Needs Assessment. Qualitative sources were obtained through interface with direct services provided, population-based activities that provide feedback and infrastructure-building activities that interface with the community via non-profit organizations whose time is dedicated to systems-building activities. Another important component is the feedback obtained through the Block Grant review, including focus groups and key informant interviews, which represent selected population subgroups or types of services that generally have limited resources.

Early in 2004, MCH staff talked with stakeholders around Guam regarding their perceptions of the health needs that were current or emerging. The stakeholders included health professionals working within public health, health professionals working outside public health, individuals involved with non-profit and advocacy organizations as well as consumers. As a more formal input process followed, the stakeholders included public health agency staff, representatives from welfare, food stamps, the University of Guam, the Guam Department of Education, the Community Health Centers, consumers and non-profit organizations.

Guam's MCH Program has well established relationships with many partners, enabling a collaborative approach that allows us to work toward meeting the priority needs of Guam, assessing those needs and to aide in the decision making to address the needs that are identified. Some of our partners with whom we have relationships with include: other Section within the Division of Public health such as Emergency Medical Services, Chronic Disease, Nursing, WIC, Communicable Disease, Vital Statistics, and the Community Health Centers, other government agencies such as the Department of Education, the University of Guam, the Guam

Memorial Hospital Authority, the Department of Mental Health and Substance Abuse , families, adolescents and private health care providers.

With the inclusion of the MCH program in 2007 under the auspices of the Bureau of Family Health & Nursing Services, we have made significant stride in actively collaborating with private, public, and other government agencies to meet the needs of the MCH population. Through these partnerships, the Central Public Health Clinic now provides hearing screenings for infants with the Guam Early Hearing Detection and Intervention program. Furthermore, MCH program expand its community-based outreach efforts with the Bureau of Primary Care Services. Another significant progress made is the bureau's involvement with Emergency Medical Services for Children (EMSC). The latest partnership effort is the implementation of the WEBIZ Immunization Data collection program with BCDC.

There are many positive outcomes from our collaborative efforts. Bringing people together from different agencies and organizations with different specializations, backgrounds and experience gives a much more understanding of MCH issues that we all share.

Many activities that come to the attention of MCH are relevant to the MCH population but may not be specifically administered or "formally" linked with relevance to the Title V Needs Assessment. There are numerous activities that other public and private organizations are involved with that affect the public health MCH populations that are carried out with MCH involvement. Limitations in the scope of influence and accountability of MCH, limitations of staff and limitations of funding must be recognized. However, we believe that the major activities and priorities affecting MCH services continue to be delivered, and are being recognized.

Since the submission of the Title V Block Grant and far and wide-reaching Needs Assessment, there are no changes in the State's priority needs. Infant mortality, low birth weight, early and consistent prenatal care, intentional and unintentional injuries, and care coordination remain priority areas of the Guam MCH Program. Partnership building and collaboration continues as an ongoing process.

Work is under way to review current activities and ensure they are still relevant based upon data and state needs. Staff are working to clarify their focus within program areas thus ensuring the most benefit from MCH funding and activities. There may be significant changes in state capacity to meet those needs in the coming year due to the island's budget.
/2010/ Assess Needs and Identify Desired Outcomes and Mandate:
To decrease infant mortality and morbidity, preterm births and low birth weight. More clients are seeking early prenatal in all public health centers , NRHC, SRHC and CRH are seeing more clients with the help of our Medical Social Workers within the Centers. More awareness of our MCH and FP Programs in local health fairs (Healthy Babies Health Mothers, Family Health, Breastfeeding, Project Kid Care, Healthy Lifestyles, and Immunization Clinics) continue to deliver critical services to our island community. These activities have lead more clients seeking services for the DPHSS, DPW(Medicaid, Welfare, CPS, foster care) division and DPH (CDC, Immunization, STD/HIV, Tobacco, Cancer, Diabetes, WIC, Breastfeding) divisionand also increase involvement with these programs. The plans for the up-coming Needs Assessment for 2010 application will be headed by the BFHNS Guam MCH program manager and coordinator. Meeting with BFHNS management team has discussed plans and potential activities plan for the assessment. Surveys, Commnuity Assessment tools, target groups, listening of potential needs related to this year's grant were noted, and plans to deligate a Lead will be decided by October 2009. //2010//

III. State Overview
A. Overview
//2009/

The total population, based on 2006 estimates is 171,019 of which 28.9% is below the age of 15, while 6.7% is 65 years and older. The median age is 28.6 years. Males slightly outnumber females, with a sex ration of 1.04male/female. The population growth rate is estimated at 1.43%. Total migrants in 2003 represent a 359% increase from 1990. Les than 20% of those migrating into Guam from the surrounding islands are U.S. citizens, and less than 25% are permanent residents.

Chamorro comprise the largest ethnic group, accounting for 37% of the total population, with Filipinos at 26.3% and Whites at 6.8%. The ethnic/racial composition of Guam's population has been declining, from 44.6% of the total population in 1980, to 37% in 2000. On the other hand, Filipinos comprised only 21.2% of the population in 1980 but currently make up 26.3% of the islands people. The ethnic group with the fastest increase rate is the Chuukese population, from only 0.1% in 1980 to a current 4%, a 40-fold increase.

The ethnic composition of the population in large part determines the languages spoken at home. Presently, 38.3% of Guam's households speak English exclusively and 45.7% speak another language either as frequently as or more frequently than English, 0.7% speak no English at all. This has significant implication for effective service delivery, highlighting the need for culturally competent communications and services for close to half of the island's population.

In 2000, there were 38,769 households on Guam. 83.5% were family households, while 16.5% were non-family households. The average household size in 2000 was 3.89 persons, down from 4.07 in1980. Of the households with families, 58.5% were married couple families. A female household heads 16.2% of the households on Guam.
Educational attainment appears to have improved gradually since 1990, with small increase in the percentage of the population who have attained a bachelors or higher degree. Almost one-third of the population has a high school diploma.

The island's economy is based on tourism and in the past has hosted over one million visitors annually -- primarily from the Asian region. However, in the past years, there has been a decline in the number of visitor arrivals because of the Asian Economic Crisis as well as from Sept. 11.

The Government of Guam is currently faced with a $511 million deficit. A march 19, 2007 Pacific Daily News article by Mark Pieper states that the government of Guam this fiscal year is spending at a rate that would add an additional $62 million to the current deficit. To balance the budget, the Governor is calling for a $13 million worth of spending cuts, $15 million worth of tax and fee increases and a $34 million loan to avoid laying off any of GovGuam's 6,348 employees. Other options include across the board pay cuts, a hiring freeze and a 32-hour workweek. The highest measure of unemployment rate that was recorded by the Guam Department of Labor was in 2001 as 20%, which is well over three times the national average. The latest figures released by the Department of Labor were in March 2002 with an unemployment rate at 11.4%, still almost twice the national average.

The Island of Guam is currently experiencing major economical challenges, and as a result there has been a substantial increase in those living below the poverty level. In the 1990 U.S. Census report, 14% of the total population on Guam was reported to be below the poverty level. According to the 2000 report, this number has increased to 20%. The total number of persons living below the poverty level in the United States was 6,620,945 or 9.2% (US Census Bureau, 2000). Guam's poverty rate is twice the national average. In the January 2007 Homeless Count Survey, 29% reported that a contributing factor to their homelessness was job loss.

As part of the U.S. -- Japan Defense Posture Realignment Initiative, the U.S. Marine base in Okinawa, Japan is being relocated to Guam beginning in 2010, with the completion date to be in 2015. 10 Billion dollars has been budgeted for the relocation. A total of 18,930 active duty and 19,140 dependents will be relocated. Thousands of foreign workers will be hired by the Department of Defense, through contractors, from developing countries such as China and the Philippines to prepare for this build up. This will undeniably have a profound effect on Guam. Homelessness will increase as families are displaced. The real estate market is rapidly becoming a sellers market and home prices have already started to rise. The median home price has increased from $135,682 in 2000, to $144,254. This increase in home prices will inevitably continue. Guam's already overcrowded school system will become more overcrowded and scarce resources will have to be stretched even further.

In compliance with Federal law requirements, Guam has implemented the increase in minimum wage from $5.15 to $5.85 as of July 2007. Many employers in the private sector have already begun to furlough or even terminate employees in an effort to offset the cost of labor. As a result, families are greatly impacted due to the loss of wages.

The Department of Public Health and Social Services continues to have trouble in retaining staff and hiring qualified candidates. Although the length of time required to advertise, recruit and fill positions has somewhat diminished, there is still a significant period between the time when a candidate is identified and when the offer of employment is made. During this interval, many applicants accept other positions.

In 2008, there were 58 Full Time Equivalent (FTE) primary care physicians actively practicing on Guam. With a civilian population of 167,226 and a FTE of 58, Guam's population-to-primary care physician ratio is 2,893 to 1. While this ratio does not meet the minimum ration for a shortage designation, it is still insufficient to meet the demand for health care services.

The General Fertility Rate (GFR; births per 1,000 women 15 - 44 years) for the civilian population of Guam in 2005, the last year for which we have detailed birth data available, was 88.1. The GFR for the total population in 2007 was 91.7.

The infant death rate for the civilian population in 2005 was 12.7 per 1,000 live births, an improvement over the 2004 rate, which was13.6 infant deaths per 1,000 civilian live births. The infant death rate for the total population was 13.47 in 2006 and 10.0 in 2007.

In addition to having an overall high infant mortality rate, the infant death rate of the Chamorro population, the largest single population group on Guam, is also high. In 2004, the IMR for infants born to civilian Chamorro mothers was 14.3 deaths per 1,000 live births; this improved slightly in 2005 to 9.3. The Micronesian population, Guam's newest group of immigrants, has an extremely high infant mortality rate, as well: 15.5 infant deaths per 1,000 live births in 2004, which increased to 23.1 in 2005. The Chuukese population, the largest single FSM ethnicity on Guam, had rates of 15.4 in 2004 and 24.6 infant deaths per 1,000 live births in 2005.

Fetal deaths are also worth examining. For Guam's civilian population overall, the fetal death rate in 2004 was 11.2 deaths per 1,000 live births and fetal deaths. In 2005, the fetal death rate for the total population was 13.85.

Many women delay seeking prenatal care, or do not seek any, primarily because of lack of money, insurance, appointment availability, and transportation. Fewer than 60% of all births in 2004 and 2005 had prenatal care that began in the first trimester. In 2004, 6.5% of mothers sought prenatal care only in the third trimester, and 8.3% had no prenatal care. These rates were similar in 2005, where 6.3% of mothers had no care and 6.2% had care that began in the third trimester. This was 15% of births in 2004 and 12.5% of births in 2005 with late or no prenatal care.

Lack of prenatal care may contribute to the increase seen in low birth weight among civilian mothers in 2004 and 2005. Low birth weight babies were 8.9% of all civilian births in 2004, and increased to 9.8% of civilian births in 2005. Mothers who delayed care until the second trimester saw an increase in low birth weight babies, from 8.1% in 2004 to 8.9% in 2005; for those who had no care, the proportion of low birth weight babies increased from 12.5% in 2004 to 17.5% in 2005.

Unemployment and no health insurance affect the ability of persons to receive medical care. In March 2006, the unemployment rate for the civilian labor force was 6.9%, nearly 50% higher than the 2006 U.S. rate. As most health insurance is received through employment, an increase in unemployment means an increase in those with reduced or no health insurance. Of the adult population surveyed in the Behavioral Risk Factor Surveillance System, those reporting no form of health coverage increased from 18.6% in 2001 to 19% in 2007. A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005, which included a Health Insurance Supplement, found that 29.6% of the population had no form of health coverage. This equates to approximately 46,900 civilian persons. Those under the age of 65 had 25% with no coverage, and those under 18 had 26% of their population with no coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP). In 2000, there were 1,206 persons on Medicaid and 1,198 on MIP. By 2005, there were 7,908 on Medicaid and 4,352 on MIP. Thus, the civilian population of Guam that could be considered under- or uninsured numbers over 59,000, or 37.3%. With the MIP Reform law, MIP patients must seek primary health care services at the Community Health Centers. MIP patients in need of services that are unavailable at the CHCs, or those in need of specialty care are referred to private physicians who are willing to see them. Due to the delayed and cumbersome reimbursement process, many physicians are not paid in a timely manner so they refuse to see both MIP and Medicaid patients. This severely reduces their access to medical and ancillary care.

Lack of access, whether because physicians will not accept new patients, will not accept uninsured patients, or because people are reluctant to seek care if they cannot pay, leads to high rates of communicable disease. In 2007, Guam experienced a rate of new tuberculosis cases that was 12 times the rate in the U.S. (53 per 100,000 for Guam vs. 4.4 per 100,000 for the U.S.). The rate was even higher in the Micronesian (178.9) and Filipino (63.5) populations, both of which have a high proportion of immigrants. Sexually transmitted infections also increased in 2007; while not at an historic high, they were anywhere from 19% (Chlamydia) to 88% (Syphilis) higher than U.S. rates. Again, the Micronesian population had significantly higher rates than either the Guam or the U.S. populations for Chlamydia (over 200% higher) and Syphilis (over 900% higher). This population, whether because of language and cultural barriers, lack of employment and insurance or poor access to health care prior to their movement to Guam, generally presents for care later in illness or pregnancy, and often has multiple health problems needing attention.

Chronic disease also presents a problem for the civilian population of Guam. Many persons suffer from more than one chronic disease. Of the total visits to GMHA in Fiscal Year 2007, 59% of Emergency Room, 64% of Inpatient, and 1% of Outpatient discharges had co-morbidities.

Military Relocation:

Secretary of State, Dr. Condoleezza Rice, declared 2007 to be the "Year of the Pacific" and with that proclamation, the United States is increasing focus on efforts in the Pacific Basin to increase stability, good governance and economic development through closer political, economic and cultural ties with our neighbors. The island of Guam is significant to these efforts.

On May 1, 2006, the U.S.-Japan Security Consultative Committee (SCC), consisting of the Secretaries of Defense and State and their Government of Japan counterparts, released a "U.S.-

Japan Roadmap for Realignment Implementation" document. The SCC (SCC), consisting of the Secretaries of Defense and State and their Government of Japan counterparts, released a "U.S.-Japan Roadmap for Realignment Implementation" document. The SCC document outlines the schedules and timelines for implementation of the realignment initiatives. One of the initiatives was to move approximately 8,000 III Marine Expeditionary Force (MEF) personnel and their approximately 9,000 dependents from Okinawa to Guam, as well as the addition of 1,000 airmen at Anderson Air Force Base. The desired completion date for the relocation is by 2014. This date requires substantial U.S. and Government of Japan financial support and commitment. The estimated total development cost of the relocation of Marine units to Guam is $10.27 billion. The Government of Japan is stated to provide a total of $6.09 billion, including $2.8 billion in cash for facilities and infrastructure and $3.29 billion in equity investments and loans for special purpose entities that will provide housing and utilities to support the move. The remaining $4.18 billion will be provided by the U.S. government.

The proposed military buildup on Guam is a key component of the United States Pacific Command's initiative known as the Integrated Global Presence and Basing Strategy (IGPBS). IGPBS transforms U.S. global posture 1) by increasing the flexibility to contend with uncertainty; 2) strengthen allied roles; 3) build new partnerships; 4) create the capacity to act both within and across the Pacific region; 5) develop rapidly deployable capabilities and 6) focus on effective military capabilities.

The ramp-up has already begun. Anderson Air Force base has hosted continuous long-range bomber deployments since 2004, and the base has begun construction of a $242 million Expeditionary Combat Support Training Campus. The campus will host the 554th Red Horse Squadron and a combat communications squadron, both relocating from South Korea. Furthermore, the base is expected to gain a permanent tanker and receive the first of seven Global Hawk surveillance drones by 2010.The Army plans to put a ballistic missile defense task force on the island and the Navy plans to construct a transient nuclear aircraft carrier-capable pier.

Some of the benefits the island will reap include the impact of multi-billion dollar construction project and improvement to the islands' utility services. The population boost of approximately 20,000 people will add considerably to the islands' economy and tax base through an increased demand for retail goods and services, housing, entertainment and consumer spending. The build-up will attract a wide range of individuals such as medical, education, legal, human services and others, which will improve the quality of life of Guam residents. The arrival of men and women who volunteer and support churches, schools, youth groups and community will add to the social foundation of Guam.

In addition, regional and allied military services will frequent Guam and the surrounding islands for training and military exchanges. The region will benefit by the presence of highly trained and capable forces ready to respond to natural disasters, and events that may require humanitarian assistance.

One quality of life issue has been addressed. The increased military presence stands to bring better veterans' services. The Secretary of Veterans Affairs announced the approval of a $5.4 million Community Based Outpatient Clinic to provide access to a modern health care facility. Furthermore, it is expected that there will be increased medical expertise at the Guam Naval Hospital with the growth of the island population.

However, with growth, there are always concerns. It is expected that the Department of Defense population on Guam will expand from approximately 14,000 to nearly 38,000. This will result in an overall 10-year total population growth rate of nearly 28%.

It is estimated that anywhere from 12,000 to 15,000 workers will be needed on Guam to construct the necessary operational, training, housing and other support facilities. Furthermore, this figure

does not include the expected increase in the general population associated with this large-scale development and the expected economic boom.

Another challenge that has been raised is the capacity of the port. The port has to prepare for the increase in shipping traffic, which possibility could increase as much as 70%. The capacities for water, power, solid waste, wastewater, hazardous waste, roads, and the A.B. Won Pat International Airport are all of major concern due to the predicted increase in demand.

Socio-economic concerns include the pull on safety and security services such as police; fire and emergency medical support the impact on small mom and pop businesses and local job opportunities. Education is also a concern as the Guam Public School System must attract and retain quality teachers.

The hospital is another concern. Guam Memorial Hospital, the only civilian hospital currently has a 208-bed capacity. The U.S. National average is 2.8 beds per 1,000 populations.

The Guam Fire Department anticipates that the proposed population growth will place greater demands on fire engines programs (fire and emergency response, fire hydrant maintenance, home safety inspections) ambulance service and rescue services; fire prevention programs; emergency 911 communication system programs and training programs.

Please see attachment for Guam Public Laws that have an impact on Guam Maternal and CHild Health Services.

/2010/

Guam is a home to an estimated population of 175,877 people (CIA World Fact Book). Guam is a multi-ethnic, multi-cultural, and multi-lingual community comprised of 37% indigenous Chamorros, 26% Filipinos, 7% Caucasians, 7% from the Freely Associated States of the Micronesia and the Republic of Palau, and 23% representing other ethnic groups. The most recent census data available for Guam (Census, 2000), reports that in 1999, 32% of children under the age of 5 were living in poverty. This an increase of 68% over the number reported in the 1990 census. This trend is expected to be reflected in the 2010 Census.

Guam's Department of Public Health and Social Services (DPHSS) reported that in 2000, 4,283 persons on Guam received public assistance. By 2005, this number had increased to 15,764. Guam's unemployment rates also continue to grow at rates higher than the U.S. rate. In March 2006, the unemployment rate was 6.9%, nearly 50% higher than the 2006 U.S. rate. Given the global and local economic situation, this trend is likely to continue. And a recent article in the Pacific Daily News(January, 2009) reported that between October 2007 and September 2008, a total of 574 families were turned away from one of Guam's homeless shelters because they had no space. Equally disappointing is a 54% increase in the number of single, female head of household families have risen, since children growing up in these households are less likely to have access to the same resources as children from two parent families (Annie E. Casey).

Guam is known as a tourist driven economy which Guam dependent on the rise and fall of economies of other countries within close proximity to the island. The Guam Visitor's Bureau Satellite Account Perspective Report, it is estimated that for every $76,000 in additional visitor spending, one job on Guam is created. Majority of Guam's visitor market is made up of travelers from Japan, Korea, and Taiwan, with the Japan market comprising 80.6% of all visitors to Guam.

The U.S. Immigration laws and policies have been a major factor in the cultural and ethic diversity of the island's population. One significant growth is the Compact of Free Association signed into law in November 1986 and renegotiated as Compact II in 2004. The Compact allows citizens of the Federated States of Micronesia and the Republic of the Marshall Islands free entry into the United States and it's territories. These islands are as close as one to four hours via air travel from Guam. The Republic of Palau signed into the Compact in 1994, in which the United States provides these citizen with the same entry privileges into Guam. As Guam being the closest U.S. Territory, is also the nearest opportunity for health, education, and social support services for most of the FSM and the Republic of Palau. This multicultural population of some 175,877, the challenge will be further compounded with the anticipated arrival of some 12,000 military troop and their support personnel that will be relocating from Okinawa to Guam.

In 2008, Guam's military population for 2008 is 19,360, representing about 11% of Guam's overall population. However, the military population on Guam is expected to exceed 44, 570 over the next five years, due to the relocation of Marines from Okinawa. This transfer is expected to take place within the years 2010-2014 and will cause an unprecedented 25% increase in the island's overall population. This buildup by the Department of Defense on Guam is being categorized as the largest buildup in the history of the United States military.

In the 2005 Guam Statistical Handbook reported the median household income for Guam in 2003 was $33,457. This is a decrease of over $6,000 from the median household income reported in the 2000 Guam Census. The Guam Housing and Urban Renewal Authority (GHURA) estimated that in mid-December 2008, 700 families receive public housing assistance with approximately 240 on a wait list. The public housing assistance provides housing units to qualifying low-income families.

Our local/state programs, Medicaid federal reimbursement is capped at $13.350 million, with federal matching rate of 50%. Because of the difficulties of covering by cost of the basic mandatory set of services, many services and supports that may be needed by children and their families are not covered. Also, residents of Guam are not eligible to receive Supplemental Security Income (SSI), a potential resource for purchasing needed services available to eligible individuals in the states. Another potential source of financing is Guam's locally funded Medically Indigent Program (MIP), which provides medical assistance to low-income families who do not qualify for Medicaid. Considered a payer of last resort, MIP currently provides a severely limited health care benefit package that does not include mental health services.

The increased numbers of families living in poverty, an increasing homeless population that includes families with young children, limited access to health insurance, lack of adequate public transportation and affordable childcare also create barriers to service. //2010//

B. Agency Capacity

/2009/

The Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health, Department of Public Health and Social Services (DPHSS) administers the title V Maternal and Child Health (MCH) Program. DPHSS has been the Title V grantee since the 1960's. DPHSS is responsible for the development and evaluation of services relating to improving the health status of women, infants, children, children with special health care needs, adolescents and families on

Guam.

The Department of Public Health and Social Services consists of four divisions, which fall under two broad functional areas of services, public health and social services. The overall responsibility of the Department in the provision of health services is to promote, protect and maintain the health of Guam's residents by providing a variety of programs, which stress the prevention of disease and disability, and by meeting the needs of the medically underserved population.

The Division of Public Health and the Division of Environmental Health fall under the Department's health function. The Division of Public Welfare and the Division of Senior Citizens fall under the social service function.

The overall responsibility of the Department in its provision of social services is to remove social barriers which prevent persons from obtaining and maintaining the basic necessities of life, including medical care, nutrition and employment and to strengthen family life.

The mission of the Division of Public Health is to assure development of systems of health services for all Guam citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to the health of Guam's MCH populations.

The mission of the Guam Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Program is to promote quality health care for women, infants, children and families, and assure access to services for high-risk and special needs groups through planning and coordination of comprehensive service systems.

Guam's Title V Program continually identifies areas and populations to seek out underserved MCH individuals in order to prioritize allocation of programs and resources. These on-going assessment activities aide in determining the importance of competing factors upon health service delivery environment. Staff help to develop plans, identify resources and develop interventions to help support the needed MCH services.

Program staff also use their expertise to identify and weigh community factors, which may limit the degree of accessibility or availability of MCH services. This may be done in conjunction with other community organizations and individuals who are interested. Staff evaluate work toward refocusing efforts and resources as appropriate and available.

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional fundingor staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data.

It is hoped that with the new fiscal year, the department may be able to hire the much needed data entry positions. Employers generally hire high school graduates who meet their requirements for keyboarding speed. However, Public Law 29-100 has changed the requirement of a high school diploma for employment within the government of Guam.

Giving dropouts equal-opportunity treatment and preventing strain on the public welfare system by unemployed dropouts were among the reasons some of Guam's lawmakers cited in support of the new law.

State Title V Capacity to Provide a Variety of Services --

Preventive and Primary Care Services for Pregnant Women, Mothers and Infants

The Guam Title V Maternal and Child Health (MCH) Program and Children with Special Health Care Needs (CSHCN) Program is administered as one integrated program within the Department of Public Health and Social Services (DPHSS). This allows for better and more efficient coordination of services in MCH. The program provides health care services for mothers, infants, children, youth and their families. The program also provides and coordinates a system of preventive and primary health care services for the MCH population.

MCH services are organized into four main areas: core public health and infrastructure, enabling services, population-based prevention services and direct health care services. Provision of prenatal care services are provided under the core public health and infrastructure category. Enabling services are those provided by support staff such as MCH social workers. These services are intended to provide emotional, social and family support, which includes identification and referral to the program. Services in the population-based areas include health education, well-baby clinics and comprehensive immunizations. Under direct health care, the MCH Program provides care to special health care needs children, chronic health problems, and under- nourished children and mothers.

1. Preventive and Primary Services for Infants and Pregnant Women

Target Population -- Pregnant women on Guam specifically those with no source of prenatal care.

A. The goal of the Women's Health Component is to prevent maternal and infant death and other adverse perinatal outcomes by promoting preconception health care; assuring early entry into prenatal care and improving perinatal care.

Staff work to ensure all pregnant women on Guam have access to early and continuous prenatal care, thereby reducing the number of preterm and low birth weight infants and lowering infant mortality and maternal morbidity and mortality.

Description of Services -- Women's Health Services includes prenatal services including risk assessments, patient counseling, prenatal education classes, social work counseling, case management and follow-up. DPHSS anticipates implementing new screening methods for smoking, partner violence, substance abuse and depression.

MCH provides free pregnancy testing, a population-based enabling service intervention to reduce infant mortality and encourage women to access early prenatal care. The goals of the free testing include: a) helping pregnant women obtain early prenatal care and WIC; b) decreasing infant mortality and morbidity and the incidence of low birth weight; and c) assisting non-pregnant women into the health care system.

B. Women and Men of Reproductive Ages (Family Planning)

The purpose is to provide reproductive health services to women and men, enabling them to choose the number and spacing of children and prevent unplanned pregnancies. Reproductive health services include health history assessment, laboratory tests, physical assessments, contraceptive methods, health education, treatment and referral.

Target Population -- Men and women of Guam, primarily low-income clients who are uninsured or under-insured.

Description of Services - The role of Guam's Title X Program is defined within the present health care environment of the island of Guam and by the priority needs of Guam's diverse population.

The Guam Title X Program:

1. Provides the infrastructure and guiding conceptual framework for the delivery of the Department of Public Health and Social Services Family Planning Program;
2. Provides for the surveillance and assessment of the needs of the populations, determining the impact of emerging and persistent issues and planning for their amelioration within the context of available resources;
3. Advocates for necessary resources commensurate with the level and significance of the need;
4. Identifies and fills gaps in the health care system through delivery of direct health care systems where other resources are not available;
5. Monitors the delivery of health care and the effect of system changes on the population and recommends changes in policy, law or regulation, where needed, and
6. Enable high-risk populations to establish and maintain a meaningful relationship with the health care system.

Preventive and Primary Care Services for Children and Adolescents

The purpose of services for children and adolescents is to encourage community driven public health by promoting a safer and healthier community through education, prevention and intervention.

Target Population -- Birth through adults on Guam.

Description of Services - MCH develops and enhances capacity to promote and protect the health of all mothers, children and families by providing enabling services that facilitate a seamless delivery of services for mother and children through outreach, assessment, care planning, advocacy, referral, education and counseling on health behavior risk reduction. Goals are to improve utilization of EPDST services, immunization services and to empower families through education and support to access health, education and social services they need. The Bureau of Family Health and Nursing Services at the DPHSS mission is to provide services to at risk populations to help meet their needs. The bureau has conducts nursing outreaches to at-risk locations on Guam. Immunization Outreach are conducted each Friday of the month to provide immunization-nursing services to individuals living in at-risk areas. The Immunization Program and the community health nurses, gather at a village mayor's office, apartment areas, fire stations, or a common meeting area, that high-risk clients are located to administer immunization and provide other health teachings to promote the services of the MCH program. Community health nurses prior to their outreach, they visit their clients within that area and inform them verbally about the outreach and the benefits to their families health.

Furthermore, there are monthly Community-base Outreaches with other programs to bring the DPHSS services to at-risk populations. The Dental program provides dental varnishing to the infants through school-age, the Chronic Disease Program provides Health Education materials and counseling, the WIC programs furnishes the WIC application and health counseling to the clients that are eligible for their services, and the Cervical and Breast program provides health education. This outreach also provide a Health Screening portion in which height and weight, Body Mass Screening, blood pressure screening, glucose/cholesterol screening, and counseling for any abnormal results and health teachings and if needed referral to the proper health providers. Immunization is also provided at this outreach also for children 1 month-18 years of age. This outreach also includes other Govguam agencies that want to reach-out to high-risk population, like the Head-Start Program with the Guam Public School System, which provides necessary documents for eligible participants to their program, and give additional information about other programs within the GPSS. The nurses prior to the outreach go house to house to inform clients on this event and the value of providing these services for the MCH program, FP program, Dental Program, Immunization program, STD/HIV program, and Chronic Health

program.

A. The Dental Health Program's primary goal is to prevent dental disease. Most recently, the program implemented a program targeted at children birth through five years who are at the highest risk for dental decay. The program's goal is to increase early recognition of disease and prevention through training dental and non-dental health professionals on oral health education and anticipatory guidance, screening and risk assessment and fluoride varnish application.

B. The Bureau of Nutrition Services administers Guam's Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The mission of the WIC Program is to improve the health of infants, children and childbearing women by directly supplementing their diets with foods rich in nutrients they need, providing nutrition education and counseling and referrals to other services.

The mission of the WIC Farmers' Market Nutrition Program is to encourage the consumption of fresh fruits and vegetables by WIC participants and encourage the development of farmers' markets.

C. The Chronic Disease and Prevention and Control Program goal is to reduce the human and financial burden of chronic diseases, which are the leading cause of death on Guam. The program's prevention and control efforts include the development of programs and policies that outline goals and strategies to control chronic diseases such as cancer, diabetes or heart disease and stroke. The program focuses on promoting evidence-based interventions, monitoring the burden of chronic disease on the island, developing partnerships with other agencies, and evaluating outcomes of interventions. Other program efforts include outreach to promote health for people living with disabilities and prevention of secondary chronic diseases and to modify risk behaviors such as tobacco use, lack of physical activity and poor nutrition, which are major contributing factors leading to chronic diseases.

D. The Office of Emergency Medical Services vision is that Guam will be a place where people live, learn and play safely. To reduce the impact of injury and violence, the program engages in injury assessment, the development and promotion of prevention programs and policies and training and community education. The program also promotes and disseminates safety devices, and conducts public information campaigns. The program works collaboratively with schools and day care centers, health, social services, law enforcement, fire and EMS providers and a variety of community programs across Guam. The unintentional injury program address home, school and transportation safety.

The growth of Guam's adolescent population and growing awareness of adolescence as an opportunity for the prevention of health risk behaviors that the leading causes of death among this age group and major contributors to adult mortality have led Guam to expand its focus on adolescent health promotion.

An adolescent health team is in the process of development to implement strategies that will enhance the overall health of youth; promote services and policies that will be formed from a holistic youth development approach; address adolescent health disparity issues; to create partnerships among all public/private organizations that address adolescent health issues; and to track and assess the 21 Critical Objectives for Adolescent Health, Healthy People 2010. An adolescent health data report is in the process of being drafted and should be completed in the fall 2007.

The Guam Youth Risk Behavior Surveillance System (YRBS) is part of the national survey effort conduct by CDC to monitor student health risks and behaviors in six categories identified as most likely to result in negative outcomes. YRBS was designed to determine the prevalence of health risk behaviors among youth; to assess whether health risk behaviors increase, decrease, or stay the same over time; and to examine the co-occurrence of health risk behaviors. The categories in the survey include: Tobacco, Alcohol and Other drug Use; Unintentional Injuries and Violence;

Adolescent Sexual Behavior; Weight and Nutrition and Adolescent Physical Activity. The survey provides comparable state and national data, as well as comparable data among subpopulations of youth. Health officials can use the data to monitor progress towards achieving Healthy People 2010 Objectives as well as guide health programs.

Preventive and Primary Care Services for Children With Special Health Care Needs (CSHCN)

Guam's MCH Program continually identifies areas and populations to seek out underserved Title V individuals in order to prioritize allocation of programs and resources. This on-going needs assessment activities assist in determining the importance of competing factors upon the health care service delivery environment on Guam. Staff also use their knowledge to help identify and weigh those competing factors, which may limit the degree of accessibility or availability of MCH services across Guam.

The "Special Kids Clinic" that is in process at the Northern Region Community Health Center (NRCHC) serves as a medical home for may CSHCN. The Special Kids Clinics promotes a team-based approach to providing health care. Children and youth with special care needs may have many professionals invested in their physical and emotional well-being. Coordination of care is an essential activity to assure communication and planning among team members, including family, primary health care practitioners, specialists, community programs and insurance plans.

In addition, DPHSS also conduct a "Preemie Clinic" that is held at the Central Regional Health Center, once a month by a Neonatologists from Guam Memorial Hospital Authority (GMHA). In partnership with the PEDS program, appointments are made for recently discharged premature infants and other premature infants till the age of 12 months to see our physician Dr. Manuel De Castro for well child check-ups, immunization update, and referral to other needed medical services.

Recently, the DPHSS re-started the Genetics Clinic, in partnership with the Hawaii Community Genetic Program. The Hawaii Community Genetic Program represents collaboration between the Hawaii Department of Health, Kapiolani Medical Center for Women and Children, Queens Medical Center, the University of Hawaii John A. Burns School of Medicine. The clinics are planned to be a bi-annual activity with community of Guam. Children are referred by private/ public health physicians to be evaluated by the visiting team. The Program Coordinator III with the CSHCN program coordinates the event and works with the families to prepare for their appointment with the Genetics team.

MCH Newborn Screening Program facilitates newborn screening and follow up. Newborn screening is performed on every infant born on Guam. A blood test (by heel stick) is done on all infants shortly after birth to test for metabolic or genetic disorder. Follow up is done to obtain repeat screens.

The Early Hearing Detection and Intervention (EHDI) Program at the University of Guam screens all infants born on Guam for possible hearing impairments. Those found with hearing impairments receive early intervention and follow up services. The program provides brochures explaining newborn hearing and what to expect when an infant does not pass the hospital screening. To support the program, an Advisory Committee was formed, comprised of parents, consumers, public health professionals, physicians and other stakeholder agencies. The advisory committee is very active and supporting a variety of issues and a resource guide for parents and professionals has been developed.

Guam received an Early Childhood Comprehensive Systems (ECCS) grant late 2005. Guam's Early Childhood Comprehensive System Project Tinituhon (Tee nee tu' hun) is a collaborative project designed to plan, develop, implement and sustain an island-wide, cross-agency early childhood comprehensive system to support families and the island community of Guam to develop children who are healthy and ready to learn at school entry.

The Chamorro word Tinituhon, which means "the beginning", communicates how Guam has embraced the physical, social, emotional and educational needs of its young community. "The beginning" of a child's early life experiences requires that basic needs are met, to include a feeling of safety and security with a sense of belonging and love, in order to set the stage for young children to grow to become well adjusted, healthy and productive adults.

The MCH Social Worker and Children with Special Health Care Needs coordinator helps families access services to fit their needs and those of the child with a disability or chronic health care needs. Help is provided to identify services that may be needed, referral and access to these services and assistance in locating financial sources. The coordinator is also the family's link to the medical team and treatment process through the specialty clinics.

Specialty clinics that are held at the Department of Public Health and Social Services annually or biannually are teams, which may include specialty physicians, physical therapists, occupational therapists, and the family. The "teams" meet all at one time and in one place. "Team" membership depends upon the particular clinic that is to be held. The most important member of the "team" is the family. //2009//

/2010/
The Bureau of Family Health and Nursing Services (BFHNS) lost the assigned MCH Program Coordinator IV who requested to be transferred to another office within the department. Personnel recruitment action has been submitted to the Personnel Officer for recruitment of a new PC IV. The BFHNS Administrator unfortunately had to absorb the duties, responsibilities, and the federal Grant of this position along with carrying out her Administrator duties.

As a result, the Family Planning (FP) PC III has been temporarily detailed to fulfill some of the vacated PC-IV tasks. The FP PC-III was tasked to restart the Newborn Metabolic Screening Program that was stagnant for quiet some time and to ensure that all babies on Guam are administered this Lab test as required by federal Mandate. Today, the Newborn Metabolic Screening Program is in full operation once again with a newly implemented database to capture and store these procedural Positive (Abnormal) laboratory tests. We l which includes and continue the tracking of the follow up treatment and visits. New and revised lices and procedures were reviewed and approved by the Women's Health Medical Advisor Dr. Bernard Stupski FP. A Pediatrician Medical Advisor was also hired to manage the Medical Treatment of the Newborn Screening positive results. The GMHA Lab Supervisor, Program Coordinator III, and BFHNS Administrator have been meeting and started to resume the tracking of positive results of the Newborn screenings since March 1, 2008. With Dr. De Castro, GMHA's Neonataloglist and the partnership with Dr. Robert Leon Guerrero, they were able to monitor all 1st screen positive results and tracked the newborns for 2nd screenings. If they are positive on the 2nd screening they automatically are followed by a repeat laboratory test and a follow up visit with Dr. Robert Leon Guerrero at with either Mangilao Central Clinic or with Southern Community Health Centers. Mr Raymond Salas PC III also developed the Computerized Tracking system to assist the NB Screening in quickly identify these newborns and track them if they are being seen and treated after their 2nd screening.

The BFHNS Nursing Supervisors were also assigned to assist with the Healthy Mothers Healthy Babies Annual Fair, conducting Early Prenatal Care Classes, assist in adding their input to the different MCH Performance Measures, conducting the Breastfeeding class, and assisting the Administrator with different MCH issues that arise.

MCH continues to develop and enhances capacity to promote and protect the health of all mothers, children and families by providing enabling services that facilitate a seamless delivery of services for mother and children through outreach, assessment, care planning,

advocacy, referral, education and counseling on health behavior risk reduction.

The Bureau of Family Health and Nursing Services at the DPHSS continues and emphasizes that their mission is to provide services to at risk populations to help meet their needs.
****State Title V Capacity to Provide a Variety of Services --***

Preventive and Primary Care Services for Pregnant Women, Mothers and Infants: Guam's MCH Program continually identifies areas and populations to seek out under served Title V individuals in order to prioritize allocation of programs and resources. This on-going needs assessment activities assist in determining the importance of competing factors upon the health care service delivery environment on Guam. Staff also use their knowledge to help identify and weigh those competing factors, which may limit the degree of accessibility or availability of MCH services across Guam.

The "Special Kids Clinic" that is in process at the Northern Region Community Health Center (NRCHC) serves as a medical home for may CSHCN. The Special Kids Clinics promotes a team-based approach to providing health care. Children and youth with special care needs may have many professionals invested in their physical and emotional well-being. Coordination of care is an essential activity to assure communication and planning among team members, including family, primary health care practitioners, specialists, community programs and insurance plans.

In addition, DPHSS also conduct a "Preemie Clinic" that is held at the Central Regional Health Center, once a month by a Neonatologists from Guam Memorial Hospital Authority (GMHA). In partnership with the PEDS program, appointments are made for recently discharged premature infants and other premature infants till the age of 12 months to see our physician Dr. Manuel De Castro for well child check-ups, immunization update, and referral to other needed medical services.

Recently, the DPHSS re-started the Genetics Clinic, in partnership with the Hawaii Community Genetic Program. The Hawaii Community Genetic Program represents collaboration between the Hawaii Department of Health, Kapiolani Medical Center for Women and Children, Queens Medical Center, the University of Hawaii John A. Burns School of Medicine. The clinics are planned to be a bi-annual activity with community of Guam. Children are referred by private/ public health physicians to be evaluated by the visiting team. The Program Coordinator III with the CSHCN program coordinates the event and works with the families to prepare for their appointment with the Genetics team.

MCH Newborn Screening Program facilitates newborn screening and follow up. Newborn screening is performed on every infant born on Guam. A blood test (by heel stick) is done on all infants shortly after birth to test for metabolic or genetic disorder. Follow up is done to obtain repeat screens.

The Early Hearing Detection and Intervention (EHDI) Program at the University of Guam screens all infants born on Guam for possible hearing impairments. Those found with hearing impairments receive early intervention and follow up services. The program provides brochures explaining newborn hearing and what to expect when an infant does not pass the hospital screening. To support the program, an Advisory Committee was formed, comprised of parents, consumers, public health professionals, physicians and other stakeholder agencies. The advisory committee is very active and supporting a variety of issues and a resource guide for parents and professionals has been developed.

Guam received an Early Childhood Comprehensive Systems (ECCS) grant late 2005. Guam's Early Childhood Comprehensive System Project Tinituhon (Tee nee tu' hun) is a collaborative project designed to plan, develop, implement and sustain an island-wide,

cross-agency early childhood comprehensive system to support families and the island community of Guam to develop children who are healthy and ready to learn at school entry.

The Chamorro word Tinituhon, which means "the beginning", communicates how Guam has embraced the physical, social, emotional and educational needs of its young community. "The beginning" of a child's early life experiences requires that basic needs are met, to include a feeling of safety and security with a sense of belonging and love, in order to set the stage for young children to grow to become well adjusted, healthy and productive adults.

The MCH Social Worker and Children with Special Health Care Needs coordinator helps families access services to fit their needs and those of the child with a disability or chronic health care needs. Help is provided to identify services that may be needed, referral and access to these services and assistance in locating financial sources. The coordinator is also the family's link to the medical team and treatment process through the specialty clinics.

Specialty clinics that are held at the Department of Public Health and Social Services annually or biannually are teams, which may include specialty physicians, physical therapists, occupational therapists, and the family. The "teams" meet all at one time and in one place. "Team" membership depends upon the particular clinic that is to be held. The most important member of the "team" is the family.

The bureau conducts nursing outreaches to at-risk locations on Guam. Immunization Outreaches are conducted each Friday of the month to provide immunization-nursing services to individuals living in at-risk areas. The Immunization Program and the community health nurses, gather at a village mayor's office, apartment areas, fire stations, or a common meeting area, that high-risk clients are located to administer immunization and provide other health teachings to promote the services of the MCH program. Community health nurses prior to their outreach, they visit their clients within that area and inform them verbally about the outreach and the benefits to their families health. //2010//

C. Organizational Structure

/2008/

Governor Felix P. Camacho was born in Camp Zama, Japan, the son of the late Governor Carlos G. Camacho and Lourdes Perez Camacho. A graduate of Father Duenas Memorial School, he received a degree in business administration and finance in 1980 from Marquette University. Camacho has held positions with Pacific Financial Corporation and IBM Corporation. In March 1988, Governor Joseph Ada appointed him as deputy director of the Public Utility Agency of Guam. Eight months later, Camacho was appointed to the Civil Service Commission and later selected by the board to serve as its executive director. In 1992, Camacho was elected as senator in the twenty-second Guam Legislature, subsequently winning seats in the twenty-third, twenty-fourth, and twenty-sixth legislatures. In 2000, he was named the legislature's majority whip and chairman of the Committee on Tourism, Transportation, and Economic Development. Camacho was elected as Guam's sixth governor in 2002. He is a member of the Knights of Columbus and participates in many civic activities. He was honored as one of the Outstanding Young Men of America and received the Pacific Jaycees Three Young Outstanding People award.

Lieutenant Governor Michael W. Cruz, M.D. has spent his career in service to his island and his nation. As a surgeon, a Colonel in the Guam Army National Guard, a Senator in I Liheslaturan Guåhan and to his present role as the 8th elected Lieutenant Governor of Guam, he has always

answered the call to serve.

While Lieutenant Governor Cruz has undertaken progressively greater levels of responsibility and leadership throughout his career, he has remained steadfast in his commitment to healing and treating people.

The Lieutenant Governor received his Bachelor of Science degree in Biology from Walla Walla College in Washington. He graduated from the Loma Linda University School of Medicine in California in 1984. Lieutenant Governor Cruz is certified by the American Board of Surgery, a Fellow of the American College of Surgeons and a member of the Guam Medical Society. Throughout his medical career, the Lieutenant Governor has held various leadership positions including Medical Director at the Guam Memorial Hospital Authority.

A veteran of Operation Desert Storm and Operation Iraqi Freedom, Lieutenant Governor Cruz has also served his nation directly on the front lines. As Commander of the Guam Army National Guard Medical Command, he played a significant role in providing treatment to sick and wounded soldiers. While on volunteer deployment to Iraq in 2003 and 2004, Lieutenant Governor Cruz assumed command of the elite Rapid Advanced Medical Team. In 2005, he was recognized for that period of service and awarded the Bronze Star Medal.

Lieutenant Governor Cruz's foray into the political arena began with his election to a seat in I Mina' Bente Ocho na Liheslaturan Guåhan. He served as Chairman of the powerful Committee on Health and Human Services, which maintained oversight of the government of Guam's healthcare related departments and agencies and was instrumental in providing increased funding to those entities. Lieutenant Governor Cruz was also author of legislation that dealt with fighting childhood obesity, addressing Medicare and Medicaid discrepancies and expanding qualifications for the Nursing Training Scholarship. He served as Vice-Chairman of the following committees: the Committee on Natural Resources, Utilities and Micronesian Affairs and the Committee on Aviation, Immigration, Labor and Housing.

The Lieutenant Governor co-founded and currently serves as President of the Ayuda Foundation, an organization which caters to the vital health needs of islands throughout the Pacific. He has also been recognized nationally, as he is a recipient of the 2004 National Governors Award.

A lifetime public servant, in 2003 Congresswoman Madeleine Z. Bordallo became the first woman to represent Guam in the U.S. House of Representatives. Ms. Bordallo brings to Congress over forty years of public service experience in the executive and legislative branches of the Government of Guam and numerous non-governmental organizations. The 110th Congress is Ms. Bordallo's third term.

Congresswoman Bordallo is a member of the House Committee on Natural Resources, and serves as the Chairwoman of Subcommittee on Fisheries, Wildlife and Oceans. She also has a seat on the Subcommittee on Insular Affairs, which has jurisdiction over issues affecting the insular areas. Congresswoman Bordallo is a member of the House Committee on Armed Services, and is a member of the Subcommittee on Readiness and the Subcommittee on Seapower and Expeditionary Forces.

Ms. Bordallo was introduced to public service through her husband Ricky, who served as Governor of Guam from 1975-1978 and 1983-1986. As First Lady of Guam, Madeleine was a strong advocate of promoting the indigenous Chamorro culture and the arts, both of which are lifelong passions. In between her husband's two terms as Governor, Madeleine Bordallo became the first woman from the Democratic Party to serve as a Guam Senator. She was a member of the 16th, 19th, 20th, 21st, and 22nd Guam Legislatures. Following the death of her husband, she ran for Governor in 1990, and in securing her party's nomination, she became the first woman on Guam to head a gubernatorial ticket. Although she was not successful in 1990, she teamed up in 1994 with Senator Carl Gutierrez as the Lieutenant Governor candidate on the Gutierrez-Bordallo

ticket. She served two consecutive terms as Guam's first woman Lieutenant Governor from 1995 to 2002. In this role, she championed the cause of island beautification as a way to enhance Guam's tourism based economy.

Governor Camacho appointed PeterJohn Camacho, M.P.H. as Acting Director of both the Guam Memorial Hospital Authority and the Department of Public health and Social Services. In these dual roles, Mr. Camacho serves as the primary public health advocate and spokesman for Guam. He is the senior advisor to Governor Camacho on health matters, identifying priorities and outlining objectives to achieving these goals. Mr. Camacho sets overall policy and direction, defines the Department's mission and establishes strategic goals and outlines specific objectives. He prepares the annual budget submission to the Governor, identifying priorities and accountability in fiscal matters. He also proposes initiatives to further the Guam Department of Public Health and Social Services objectives and represents DPHSS and the Administration before other Government of Guam agencies, the legislature, professional organizations, the health care industry, community and stakeholder groups, consumers, and the general public.

The overall responsibility of the Department in its provision of social services is to remove social barriers which prevent persons from obtaining and maintaining the basic necessities of life, including medical care, nutrition and employment and to strengthen family life.

The Department of Public Health and Social Services consists of four divisions, which fall under two broad functional areas of services, public health and social services. The overall responsibility of the Department in the provision of health services is to promote, protect and maintain the health of Guam's residents by providing a variety of programs, which stress the prevention of disease and disability, and by meeting the needs of the medically underserved population.

The Division of Public Health and the Division of Environmental Health fall under the Department's health function. The Division of Public Welfare and the Division of Senior Citizens fall under the social service function.

The mission of the Division of Public Health is to assure development of systems of health services for all Guam citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to the health of Guam's MCH populations.

The Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health, Department of Public Health and Social Services (DPHSS) administers the title V Maternal and Child Health (MCH) Program. DPHSS has been the Title V grantee since the 1960's. DPHSS is responsible for the development and evaluation of services relating to improving the health status of women, infants, children, children with special health care needs, adolescents and families on Guam.

Beginning in 1999, the MCH/CSHCN Program reported directly to the Chief Public Health Officer. The MCH/CSHCN Program is operated as a single organizational unit and serves as both the local and state agency. This single state agency is authorized to administer Title V funds and is responsible for both MCH and CSHCN services.

In 2006, this changed. The Acting Chief Public Health Officer moved the MCH/CSHCN Program back to the Bureau of Family Health and Nursing Services, one of five Bureaus within the Division of Public Health.

Other changes in the Division of Public Health include moving the Public Health Emergency Preparedness (Bioterrorism) Program from the Chief Public Health Office to the Bureau of Communicable Disease Control after the Bioterrorism Coordinator left the program; the moving of the Traumatic Brain Injury Planning grant program was moved to the Office of Emergency

Medical Services, which was itself merged with the Health Professional Licensing Office; and the shifting of the Behavioral Risk Factor Surveillance System (BRFSS) to the Bureau of Professional Support Services (BPSS) after the Planner/Statistician (same person as BT Coordinator) left the Division. Unfortunately, the BPSS has no Statistician, nor anyone with any survey or statistical background, and will have to rely on the CDC's "canned" BRFSS reports for the core and supported module data. These reports are adequate for all variables except race/ethnicity; they do not delineate the multiple Asian or Pacific Islander groups that live on Guam. Any state-added questions, such as the ones on Guam's ethnic groups, village of residence, and a recently devised series of questions on betel-nut use, must be tabulated and interpreted locally.

With no statistical expertise within the Division of Public Health, this tabulation and interpretation may not be done for quite some time.

The Acting Director of the Department stepped down in June, 2007, to return to his classified post. Until a new Director can be named, the former Director, Mr. PeterJohn Camacho, is the Acting Director of DPHSS, as well as the Administrator of the Guam Memorial Hospital. He is assisted at DPHSS by Mr. J. Peter Roberto, the Deputy Director. Mr. Roberto was the former Director of the Department of Mental Health and Substance Abuse.

/2009/ The Acting Director, Mr. Peter John Camacho stepped down in June 2008. He is now the Administrator of Guam Memorial Hospital Authority. Mr. J.Peter Roberto, who previously was the Deputy Director of the Department, was tapped to be the Acting Director of the Department of Public Health and Social Services. The Department has not had a Chief Public Health Officer for some time however to fill the void there have been several Bureau and Section Heads in an "acting" capacity.

At the present time there is no Deputy Director for the Department of Public Health and Social Services. //2009//

/2010/
In November 2010 our 31st Guam Legislature has confirmed our Director J. Peter Roberto ACSW, and with his leadership focus and improving the health care services with in community of Guam.

We are still with out a permanent Chief Public Health Officer, so the department still with Acting CPHO and no Statistician and no Division of Public Health Administrative Officer. At the beginning of year the Department had another resignation of the Division of Public Health only Guam Epidemiologist since May 2008.

The Office of Vital Statistics is still in need of another Vital Statistic Clerk, the office is staffed with only 3 personnel and awaiting for one more recruitment packets. Not only did Vital Statistics Office lacked staff but now they are tasked to manage the Marriage Certificates program, which the Department of Revenue and Tax previously housed the Marriage Certificates and staffed it with 2 other staff. But unfortunately DPHSS Vital Statistics Office could not carry over the 2 extra staff.

The Nursing Administration is a section that has administrative care of the Bureau of Family Health and Nursing Services, which includes executive leadership and direction in the determination, development, executive, and evaluation of local programs, projects, policies and procedures. Furthermore, the nursing administration is accountable for providing the nursing expertise of the Bureau and integration of internal and external program policy issues. This section also collaborates with other Bureaus in providing nursing services to meet federal programs' requirements, such federal programs include the Family Planning, Children with Special Health Care Needs, STD/HIV, Communicable Diseases, Immunization, Chronic Disease, and Control Programs, and other systems of

care and health care services. Not only does the nursing administration still collaborates with other program but other GovGuam agencies that want to be involved with health care issues and awareness. One of these departments is the Guam Memorial Hospital Authority, the Department of Public Works, Office of Highway Safety, the Guam International Airport Authority, Guam Fire Department, and Guam Urban Housing Authority. These agencies have been working with the BFHNS to assist them with Annual drills and exercises, health screenings, car safety promotions, emergency protocols, and the homeless population. The bureau representative serves as a liaison with local and/or federal programs agencies, and other community partnerships.

The Community Health Nursing Services is a section that provides comprehensive community health nursing services to individuals, families, and communities throughout the island of Guam in home, clinics, schools, and community-based outreach clinics, various public agencies, and private settings.

The Central Clinic Services also provides free clinical nursing services at the Central Region Health Center, at the Department of Public Health & Social Services in Mangilao, for preventative women's health, child health, family planning, and immunization services. //2010//

D. Other MCH Capacity

/2009/

The Department of Public Health and Social Services consists of four divisions, which fall under two broad functional areas of services, public health and social services. The overall responsibility of the Department in the provision of health services is to promote, protect and maintain the health of Guam's residents by providing a variety of programs, which stress the prevention of disease and disability, and by meeting the needs of the medically underserved population.

The Division of Public Health and the Division of Environmental Health fall under the Department's health function. The Division of Public Welfare and the Division of Senior Citizens fall under the social service function.

The mission of the Division of Public Health is to assure development of systems of health services for all Guam citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to the health of Guam's MCH populations.

The Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health, Department of Public Health and Social Services (DPHSS) administers the title V Maternal and Child Health (MCH) Program. DPHSS has been the Title V grantee since the 1960's. DPHSS is responsible for the development and evaluation of services relating to improving the health status of women, infants, children, children with special health care needs, adolescents and families on Guam.

The Office of Vital Statistics: The Office of Vital Statistics collects vital events data on Guam. The Office works with agencies and departments involved in births, deaths, marriages and divorces. The mission of the Office is the registration of births, deaths and other vital statistics. The Office generates the health statistics and leading causes of death. Due to technical and managerial personnel shortages, this office remains limited in its capacity to analyze data. Full computerization of the Vital Statistics Registry system is still not realized.

Office of Management Information Systems (MIS): This office is responsible for evaluating and recommending hardware and software for the various programs/divisions of the Department of

Public Health and Social Services. Responsibilities include: installation, maintenance, training and ongoing support of all computer and communication systems. Additional roles include research and development of new applications for technological advancements, which can reduce costs while improving efficiency.

The Department of Public Health and Social Services (DPHSS) public health emergency preparedness efforts are coordinated activities with the Office of Homeland Security (OHS) and the Office of Civil Defense (OCD). This involves implementation of the CDC and HRSA Bioterrorism grants as well as DPHSS responses to natural disasters such as earthquakes, fires, and floods. OHS and OCD works with programs throughout DPHSS to prepare for and respond as needed to emergencies.

Direct health care services are defined as basic health services. Such services are generally defined "one-to-one" between a health professional and a patient in an office, clinic or emergency room. Basic services include what most consider to be ordinary medical care, inpatient and outpatient services, allied health services, laboratory services, x-ray services, dental care and pharmaceutical products and services. The Title V Program supports services such as prenatal care, child health and family planning. Direct health care services also include health care services for children with special health care needs.

For children with special health care needs, there is a urgent need for a greater capacity of home and community-based supports, from in-home nursing to personal care services to respite care, to flexible family funding for services and equipment, that lie outside those traditionally considered medically necessary.

Enabling services are defined as services that allow or provide for access to and the derivation of benefits from the array of basic health care services. Enabling services include transportation, translation, outreach, respite care, health education, family support services, purchase of health insurance, case management and coordination of care. These kinds of services are especially necessary for the low-income population, which is disadvantaged, geographically or culturally isolated, and those with special or complicated health needs.

The need for outreach, information, and case management or service coordination services to assist low-income families to access health care and related services need to be increased. The systems have become more complex to negotiate for both applicants and recipients.

Care coordination services have become increasingly important in assuring that children are able to obtain the care and services they need. This is sometimes due to the increasing complexity of the health and service needs of children in the community.

For women and families with children, there continues to be a need for enhancement of the ability of primary care providers to function as Medical Homes. The need is particularly evident for families of children with special health care needs thereby improving comprehensiveness, collaboration, coordination, information and advocacy for children with special health care needs and their families, across all systems of care. Overall, attention is needed for defining quality care standards of practice and developing supports for clinical practitioners.

Population-based services are defined as services that are intended for and available to the entire population, rather than for a select group of individuals. Disease prevention, health promotion and outreach come under this heading. Oral health, injury prevention, nutrition and public education are topics, which also belong in this category. Population-based services are generally available for women and children regardless of whether they receive care in the public or private sector or whether or not they have health insurance.

Infrastructure-building services are defined as services that are directed at improving and maintaining the health status of a population. Included among those services are development

and maintenance of health systems, standards and guidelines, training, data and planning. Needs Assessment evaluation, policy development, quality assurance information systems, and applied research are all contained within the infrastructure umbrella.

Role of the Parents: Parents have played a vital role in the program planning and evaluation, quantitatively, and qualitatively. Parents are involved in preliminary planning and implementation of each program. There are parent representatives on the EHDI council and the Guam Interagency Coordinating Council.

Laws that have been enacted with a impact on MCH:

Guam Public Law 27-71: An Act to Mandate the Guam Education Policy Board to Adopt a Comprehensive Policy Prohibiting Harassment, Intimidation, or Bullying at Public Schools, to be Known as "The Regina Guzman Anti-Bullying Act of 2003".

Significance for The MCH Program: Bullying is a red flag indicating risk and the need for prevention or intervention. Schools should have policies in place to address these issues.

Guam Public Law 27-122: An Act to Add a New Chapter 5 to Division 1 of Title 10 of the Guam Code Annotated, To Create a Medicine Bank Within the Guam Department of Public Health and Social Services.

Significance for The MCH Program: It is the intent of the Legislature of Guam to create a "Medicine Bank" within the Department of Public Health and Social Services, for the purposes of accepting pharmaceutical medicines, supplies and equipment from charitable, religious or nonprofit organizations, and pharmaceutical distributors, wholesalers, manufacturers and retailers; and, for distributing these donated items through the Community Health Centers and other institutional facilities that are government owned and operated as defined in this Act, for the lawful dispensing or distribution by these institutional facilities to eligible persons as defined in this Act. Because the intended donations of pharmaceutical medicines, supplies and equipment are often written off as tax losses for these companies and organizations, there will be no charge or cost to eligible individuals.The "Medicine Bank" will increase accessibility of these supplies through distribution at the Community Health Centers located in the northern and southern areas of Guam, and to various institutional facilities that are government owned and operated as defined in Section 5102 of this Act for the lawful dispensing or distribution by these institutional facilities to eligible individuals. This partnership between the "Medicine Bank" and the non-profit organizations, wholesalers, distributors, manufacturers and retailers is a step toward addressing the issue of affordable and accessible pharmaceutical medicines, supplies and equipment for our elderly, medically indigent and individuals with disabilities.

Guam Public Law 27-150: The Universal Newborn Hearing Screening and Intervention Act of 2004 (UNHSIA) for the Early Detection and Identification of Children with Hearing Impairments.

Significance for The MCH Program: It is the intent of the Maternal and Child Health Program to provide for the early detection and intervention of hearing loss in newborn children at the hospital or as soon after birth as possible, to enable these children and their families/caregivers to obtain needed multi-disciplinary evaluation, treatment and intervention services at the earliest opportunity and to prevent or mitigate the developmental delays and academic failures associated with late identification of hearing loss.

Guam Public Law 28-36: An Act to Establish a Compensation Plan for Review for Certificated Personnel and Healthcare Professionals of the Department of Education.

Significance for The MCH Program: The Maternal and Child Health Program has found that teacher and healthcare professionals' compensation is a significant deterrent to recruitment. Teachers and healthcare professionals are still paid less than professions that require

comparable education and skills. Moreover, teachers and healthcare professionals still are not valued and respected to the extent of their actual contributions to society. While the Maternal and Child Health Program recognizes that solving the teacher and healthcare professional shortage is not strictly a numbers game, it also recognizes the need to bring more young people into the teaching and healthcare profession, as well as the need to hold onto the quality teachers and healthcare professionals already hired -- both the beginning teachers and healthcare professionals as well as the more seasoned ones.

Guam Public Law 28-87: An Act to Repeal and Reenact Section 3207, Article 2, Chapter 3, Division 2, Title 17 of the Guam Code Annotated, Relative to Providing a Confidential Report of a Student's Body Mass Index and Written Information to Parents or Legal Guardians of Students Who Have a Body Mass Index Above or Below the Normal Range, and to Provide for "The Local Wellness Policy" Utilizing The Body Mass Index.

Significance for The MCH Program: Weight and eating disorders are increasing among adolescents. Good nutrition is essential for good health, for healthy growth and development, and for feeling well. People who develop poor eating patterns in childhood often continue these patterns into adulthood, increasing their risk for poor health and developing chronic diseases. Poor diet increases the risk for heart disease, Type II diabetes and osteoporosis. A poor diet also can promote the development of disease risk factors such as obesity, high blood pressure and high cholesterol. This Public Law is related to Guam's State Performance Measure # 7 -- The percent of Guam high school students who are overweight.

Guam Public Law 28-62: An Act to Amend SS90100, SS90103, SS90105 and SS90107 of Chapter 90, Division 4 of Title 10, Guam Code Annotated, Relative to the Regulation of Smoking Activities, To Be Known as The "Natasha Protection Act of 2005."

Significance for The MCH Program: More states are following suit and have enacted legislation to regulate smoking in facilities such as restaurants in order to protect employees and non-smoking clientele from the harmful effects of second hand smoke.

Non-smoking island residents may find tobacco smoke to be a nuisance, but there are others such as those who suffer from asthma may also find tobacco smoke not only a inconvenience but detrimental to their health.

Furthermore, fourteen (14) year old Natasha, diagnosed with osteosarcoma, a rare bone cancer that could metastasize, and eventually spread to her lungs, is limited to patronizing dining establishments with her family during extremely early or late evenings to avoid tobacco smoke which would further compromise her health. The effects of second-hand smoke complicate Natasha's medical condition.

Guam Public Law 28-25: An Act to Amend SS67.401.2.2 to Chapter 67 of Title 9 Guam Code Annotated, Relative to Regulating the Sale of Butane, Propane and Other Inhalants to Minors.

Significance for The MCH Program: The Maternal and Child Health Program is on the list of entities that will receive the updated listing of known inhalants with potential for abuse.

/2010/

The Guam Maternal and Child Health (MCH) federal program and the Grant has been realigned under the Bureau of Family Health and Nursing Services (BFHNS). With the lost of the assigned PC-IV, the Guam Family Planning Program Coordinator has been personally involved in delivering MCH services to its intended audience, and assisting with the MCH Grant. With this additional help, the MCH program has noticed some progress in its service delivery.

The Newborn Metabolic Screening Program now has a workable tracking system with the development of a Database software created by the FP Coordinator. Newborn Screening tests are forwarded to the MCH Coordinator for tracking and monitoring of Abnormal (Presumptive - 1st Screenings) and Repeat Positive (2nd Screenings) from Guam Memorial Hospital Laboratory. These tests are entered into the Newborn Screening Database for system tracking and immediately made available to the Public Health Medical Advisor for review and disposition. All Normal Newborn Screening tests upon receipt are also maintained and filed.

The Guam Family Planning Coordinator has also been instrumental in securing essential training to the BFHNS Island Wide District Nursing Staff and the Central Public Health Nurses in maintaining required clinical skills for their Certification, and acquiring new information as major development is introduced and implemented in their respective Medical field of work.

We were also successful in securing a Male Health Educator training for our Island Wide District Nursing Community Health Nurse Supervisor II (CNHS-II) when she attended this formal training in New Orleans, Louisiana. This Male training equipped our CNHS-II with critical health information in maintaining a healthier lifestyle, and more importantly their involvement in building a family. This Male Education Training has been structured into a Curriculum-based diadatic learning tool that includes also a Human Anatomy (Male & Female), and Reproductive Health education component. Upon the implementation of the Male Education Training, the Guam Public School System Curriculum and Instruction has been scheduling training sessions at the Middle and High School level; School Administrators and school room teachers has also received this same training at their schedule workshops.

The Guam Immunization Program has been a strong partner in promoting the MCH goal and objectives. This partnership organizing outreaches and immunization clinics throughout Guam, has help the MCH program grow and had the public more aware of our programs and services.

By assist in supporting the mission of the DPHSS, the MCH Program and Project Tinituhon, a center for parents to find resources and receive training was created by a coalition of parents called Guam's Positive Parents Together, Inc (GPPT) wrote and submitted a U.S. Department of Education Federal Grant application for Project DREAMS, a program "Dedicated to Reaching Excellence and Maintaining Success". They were awarded the Federal Grant to open and run a Parent Information and Resource Center (PIRC) for parents of children ages 0 to 21 years. So this center was open on January 17, 2008 and is located in Hagatna at the capital of Guam, at a well establish Commercial Center. The PIRC's mission is to increase parent involvement in children's education by providing information, resources, training, and support, so these young learners can succeed both in school and in life. PIRC's vision is they will work with parents, schools, and the community, to help children achieve academic and social success that will ultimately improve the quality of life for all on Guam... So the services or trainings (early childhood workshops) called ALON (All Training Opportunities Nurture Growth) and GELG (Guam Early Learning Guidelines). These workshops are courses that Project Tinituhon needed to provide to assist parents with the children. These partnerships helped in sharing goals to be met for a healthy maternal and child lifestyle.

E. State Agency Coordination

/2009/

Project DREAMS- Realizing that many parents need support, information and resources to help their children succeed in school, Guam's Positive Parents Together, Inc. (a coalition of parent groups) has undertaken Project DREAMS. Dedicated to Reaching Excellence and Maintaining Success, the project brings together parents, youth, public school teachers and administrators, public agencies and private services providers. The primary approach is outreach. The organization, through partnerships plans to: 1) develop and implement successful and effective

parental involvement polices, programs and activities; 2) develop and implement effective school-based strategies that will strengthen partnerships among parents, teachers, administrators and other school personnel in meeting the educational needs of children; 3) develop and implement effective community outreach strategies that increase parent knowledge and skills for improving student achievement and 4) establish, expand and operate effective early childhood research-based strategies and practices that are culturally appropriate.

Sanctuary Inc. operates two temporary emergency shelters on Guam. In addition, they provide drug and alcohol educational workshops for middle and high school students and drug and alcohol workshops, assessments and referral to youth in crisis and their parents. Sanctuary Inc. also provides crisis mediation services, counseling and referral services and support groups for youth in crisis and their families and provides a summer parent-child conference to promote a drug and violence free lifestyle.

The Alee Shelter is an organization operated by Catholic Social Services with funding from the Department of Public Health and Social Services, Child Protective Services. The Alee Family Violence Shelter is a temporary emergency shelter for battered women and children. The Alee Shelter is a temporary emergency shelter for children from newborn through 17 years old who are removed from their homes by the Family Court of Guam.

Ina'fa Maolek provides Guam schools with peer mediation programs geared toward reducing reported incidents of violence on Guam. To date, school administrators, peer mediation coordinators, teachers, alcohol aides and parent volunteers have demonstrated significant awareness, confidence and knowledge of peer medication and alternative conflict resolution as a viable program for violence prevention. In support of Peer Mediation Ina'fa Maolek provides specialized conflict resolution workshops for students including: 1) Date Rape/Dating Violence; 2) Bullying; 3) Hate Crimes (Racial-Ethnic Conflict); 4) Suicide; 5) Sexual Harassment; 6) Rumors & Gossip; 7) Peer Pressure & Smoking (Drugs) (Drunk Driving/Drag Racing); 8) Bulimia; 9) Bystander Response ("Good Samaritan").

The DARE Program, which is affiliated with the Guam Police Department, identifies children that are likely to have been led by their peers to experiment with tobacco, drugs and alcohol. The program provides students wit the skills for recognizing and resisting social pressures to experiment with alcohol, tobacco and drugs. The program assists students in enhancing their self-esteem; develop skills in risk and decision-making and ion building interpersonal and communication skills.

The Youth for Youth (YFY) Organization on Guam is designed to involve the youth in developing, implementing, and evaluating drug prevention programs for themselves. It is a comprehensive year-round program, which includes drug education, personal growth, decision-making, and positive peer support for being drug free. Youth for Youth members empower their peers with knowledge and skills to promote healthy, drug-free lifestyles.

The Ayuda Foundation is a 501C-3 organization comprised of programs that deal with specific issues in our community.
-Medical Missions to Micronesia- Emergency medial aide to outer lying isolated islands in our region in time of disaster.
-Reach Out & Read- Early Literacy Program, encouraging parents to read by working with nurses and doctors at our Public Health Centers to promote reading by giving out books and promotional items.
-AIDS Education Project- Works with National Coalition to keep up with current treatments and issues dealing with persons with AIDS and their families.
-Island Girl Power- Mission to decrease the numbers of teen pregnancy, suicide, substance and sexual abuse, by offering educational, and horizon expanding activities and positive lifestyle alternatives.
-Books to Schools- Seeks to utilize our outdated books and resources to assist our island

neighbors.

WIC - the Supplemental Feeding Program for Women, Infants and Children offers nutritional education and counseling for mother and baby, breastfeeding education, developmental information for babies. Further, an in-house public health clinic offers comprehensive prenatal care. WIC assists the Title V programs in meeting data requirements in satisfaction of federal data reporting requirements.

Guam Breastfeeding Coalition -- I Lechen Susu Mas Maolek gaols are to increase the incidence and duration of breastfeeding for the maternal and infant populations of Guam. The Coalition strives to meet the breastfeeding objectives that are outlined in the Healthy People 2010 which states that by the year 2010, 75% of women will leave the hospital breastfeeding, 50% will continue to breastfeed for 6 months and 25% will continue breastfeeding for 12 months.
The position of the Guam Breastfeeding Coalition is: 1) All parents will be provided with adequate information during the prenatal period about the maternal and infant benefits of breastfeeding; 2) Hospitals and clinics will develop and implement written protocols that reflect current research regarding the management and support of breastfeeding; 3) All health care professionals will receive adequate basic and ongoing training in the theoretical and practical aspect of breastfeeding; and 4) public awareness of the importance of breastfeeding will be heightened through various education and promotional efforts.

Developmental Disabilities Planning Council - The bureau now has a Governor appointed Advisory Council member representing the Department of Public Health and Social Services. This respresentative advocates for persons with developmental disablilites. In addition, our representative acts as an member of the interagency team focused on meeting the needs of children with special health care needs. Assists families in the development of the Individual Service Plans.

Special Education - Assists in meeting the service needs of the CSHCN population, assists in assuring that all services are provided to the CSHCN population, acts as a member of the interagency team focused on the needs of CSHCN, assists in the development of Individual Family Plans for families of CSHCN.

I Pinangon- I Pinangon means "awakening" in Chamorro, and signifies the program's primary goal of raising awareness of the problem of suicide in our communities. Through educating the University community about suicide prevention measures and practices, I Pinangon strives to decrease Guam's high suicide incidence rate.
In 2005, I Pinangon was created through a federally funded grant awarded to the University of Guam by the U.S. Department of Health and Human Services division of Substance Abuse and Mental Health Services Administration.
I Pinangon is affiliated with the University of Guam's Isa Psychological Services Center, where psychological assessment and treatment services are provided by licensed clinical psychologists and student trainees from the Psychology Program in the College of Liberal Arts & Social Sciences.

The GUAHAN Project addresses issues of HIV/AIDS prevention and care on Guam. GUAHAN works closely with the University of Guam Social Work program to present discussions and presentations that address social problems on Guam, particularly with respect to HIV/AIDS. Has also been instrumental in developing a case management Care Plan for people living with HIV/AIDS on Guam. GUAHAN Project's approach to the social work community is one of progressive empowerment for positive change. Program areas include establishing a Gender Institute that will address sexuality and marginalized populations affected by sexuality issues through discrimination, violence, lack of support, and social injustices.

The GUAHAN Project unveiled the Pacific Resource and Training Center on September 30, 2006. This new center will serve pacific island jurisdictions with health resources and training

opportunities that address HIV/AIDS, tuberculosis (TB) and sexually transmitted infections throughout the U.S. territories. The Pacific Resource and Training Center is made possible by an award from the federal Office of Minority Health (OMH) and its Resource Center (OMHRC).

In 2001, representatives from six Pacific Island Jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam and Republic of Palau, and the Republic of the Marshall Islands) came together to form the Pacific Island Jurisdictions AIDS Action Group (PIJAAG) to address the state of HIV prevention and care services in their respective jurisdictions. PIJAAG advocates for the provision of quality HIV prevention and care services in the region; advises national, international, and local policy entities on HIV/AIDS; and strengthens and coordinates AIDS activities through the sharing of information and resources within the region.

The Western States Regional Genetics Services Collaborative is a federally funded project that seeks to improve the health of children living in the western states/territory. By working together as a region to coordinate and increase access to genetic services, the participating states/territory will improve the health of children with disorders detected by the newborn screening blood test, birth defects and with other genetic disorders.
The project has three main goals:

Goal A: Establish and maintain the infrastructure needed to support the Western States Regional Genetic Services Collaborative activities.

Goal B: Refine, pilot, and evaluate a regional practice model that improves access to specialty genetic services, comprehensive primary care, and care coordination for children with heritable conditions living far away from comprehensive genetics and metabolic centers.

Goal C: Increase the capacity of the collaborating states' and territory's public health agencies to perform their genetics-related assessment, policy development, and assurance functions.

The bureau now has an appointed Medical Director to review all abnormal metabolic screeing results. We are currently finalizing our Standard Operating Procedures regarding the tracking of all abnormal results. Inclusion in this SOP is the follow up process in locating infants by our Island-wide Community Health Nursing Home Visiting services. A newly developed data base has also been implemented for the Metabolic and Genetic screening program.

The Goals and Objectives of the project are:

1. Establish and maintain the infrastructure needed to support the Western States
2. Facilitate collaborative efforts among the region's genetic specialists, families, primary care providers, state genetic programs, state newborn screening programs, CSHCN programs, and others to complete the collaborative activities.
3. Refine, pilot, and evaluate a regional practice model that improves access to specialty genetic services, comprehensive primary care, and care coordination for children with heritable conditions living far away from comprehensive genetics and metabolic centers.
4. Improve access to specialty metabolic genetic services for children with suspected or confirmed metabolic conditions.
5. Improve access to clinical genetic specialty services for children with suspected or confirmed genetic conditions and congenital malformations.
6. Improve access to comprehensive primary care for children with heritable conditions.

7. Improve access to public health nurse care coordination services for children with heritable conditions.
8. Increase the capacity of the collaborating states' and territory's public health agencies to perform their genetics-related assessment, policy development, and assurance functions.

9. Develop strategies to measure health outcomes for children with heritable conditions and use the results to evaluate the practice model.
10. Develop tools to evaluate access to genetic services for families living at a distance from comprehensive genetic and metabolic centers and use the results to evaluate the practice model.//2009//

/2010/
The Bureau of Family Health and Nursing Services have been working together with the Guam Housing and Urban Renewal Authority and the Guam Coalition. The bureau staff have been seeing most of tenants in the GHURA housing units, they have been setting up for Village-base outreach clinics in their Housing areas, they have offering Immunization Outreaches to their families, and they even work with their staff in the Homeless Coalition. These coalitions has made their noticed out in the homeless population, our community nurses assist these clients work to getting health insurance, public assistance, updated with their immunization, and housing units GHURA.

The MCH program and DPHSS programs are involved in many Coalitions, programs, Advisory groups, and various outreaches that help expose our MCH and DPHSS programs and services to the target population. Some of these groups are: Homeless Coalition, Pandemic Flu Planning. Newborn Screening Program, Healthy Mother Healthy Babies Fair, Project Tinituhon, GEDHI Advisory Council and Chairperson (administrator BFHNS), Emergency Medical Services for Children Council, Village Based Nursing Outreaches, Extended Outreach Clinics with Bureau of Primary Care Services, Shriner's Clinic has increased their days on Guam, Homeless Coalition Outreach Fair, Guam Diabetes Coalition, and other Immunization outreaches //2010//

F. Health Systems Capacity Indicators

Introduction
/2010/

Health Systems Capacity Indicators are used as a monitoring and assessment tool. They are used to measure the effectiveness in maintaining or improving the overall health of the population, including pregnant women, infants, children, children with special health care needs and adolescents.

The program's ability to maintain or improve the Health Systems Capacity Indicators is facilitated by review of the data to determine if we are moving in the right direction. This information may tell us that we need to continue doing what we are already doing, or change and adapt what we are doing or discontinue.

The availability of information based on valid, consistent data is an important requirement for the analysis and objective appraisal of the health situation, evidence based decision-making and the development of strategies to promote health among the people of Guam. //2010//

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008

Annual Indicator	372.0	95.8	116.6	148.0	161.7
Numerator	632	159	188	236	252
Denominator	16990	16590	16122	15942	15589
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
The data presented is an estimated amount of children wihin the less than five years of age on Guam.
The number of children hospitalized for asthma were obtained by Guam Memorial Hospitall Authority (GMHA).

Notes - 2007
The data presented is children aged 0 thhrough age 9.

Narrative:
/2008/

The Title V Guidance requires all States and jurisdictions to report annually on selected Health System Capacity Indicators (HSCI) that assess the capacity of the health care system to address the needs of the MCH population. Since these HSCI's measure services provided through Medicaid, State Child Health Insurance Programs (SCHIP), and Supplemental Security Income (SSI), it must be noted that allotments to the island of Guam are capped and SSI is not available.

Asthma is a useful indicator of the effectiveness of preventative disease management in both children and adults. Proper access to medical care and quality clinical management of asthma within a medical home can prevent hospitalization and markedly improve the quality of life for children and adults with asthma. In 2006, 188 children less than 5 years old were discharged from Guam Memorial Hospital Authority (GMHA) for asthma treatment.

In 2007, 236 children 0 to 9 years old years old were discharged from Guam Memorial Hospital Authority (GMHA) for asthma treatment. The largest number of children admitted for asthma were in the 13 month to 9 year old with 170 children being discharged.

As more professional education and awareness surrounding the issue of asthma and the use of anti-inflammatory medications and bronchodilators, environmental and household triggers, the need for hospitalization may gradually decline. Dealing with asthma should be a partnership between public and private healthcare providers.

Education activities include asthma prevention and education programs for families and an individual includes tobacco and smoking cessation; reduction in tobacco smoking among mothers of young children and the effects of second hand smoke.

The lack of a medical home and inappropriate asthma management are directly related to the increased probability of unnecessary hospitalizations. Asthmatic children unable to gain access to primary care or prescription medications due to uninsured or underinsured status are also at a greater risk of needing hospitalization.

Guam Public Law 28-62: An Act to Amend SS90100, SS90103, SS90105 and SS90107 of Chapter 90, Division 4 of Title 10, Guam Code Annotated, Relative to the Regulation of Smoking

Activities, To Be Known as The "Natasha Protection Act of 2005."

Significance for The MCH Program: More states are following suit and have enacted legislation to regulate smoking in facilities such as restaurants in order to protect employees and non-smoking clientele from the harmful effects of second hand smoke.

Non-smoking island residents may find tobacco smoke to be a nuisance, but there are others such as those who suffer from asthma may also find tobacco smoke not only a inconvenience but detrimental to their health.

Furthermore, fourteen (14) year old Natasha, diagnosed with osteosarcoma, a rare bone cancer that could metastasize, and eventually spread to her lungs, is limited to patronizing dining establishments with her family during extremely early or late evenings to avoid tobacco smoke which would further compromise her health. The effects of second-hand smoke complicate Natasha's medical condition.

Guam has one of the highest smoking rates and second hand smoke is a known irritant for asthma. Appropriately, so, tobacco monies are being used to address the environmental factors that increase the risk of developing asthma or exacerbate the disease. Although Guam MCH is not the home for asthma education activities. MCH has a role in prevention via education of parents and children, plus a direct clinical care role which includes: 1) addressing maternal smoking during pregnancy and/or early infancy, and 2) making available medication to control persistent asthma.

/2010/

The 652 children admitted to GMHA with the diagnosis of Asthma, was doubled in 2008 and that is a signifcant increased, that is a good indicator for the MCH program to increase preventive measures to parents, and for providers to improve health education of the dangers of smoking that lead to adult Asthma, chronic diseases, or SIDS.

The Community Health Centers and Central Clinic are Medical Homes to some of our asthmatic children, our Pediatricians teach about Smoke Free Home environment and highly discourage parent not to smoke and to not smoke around their children. Because they believe that smoking and second smoking leads to Asthma in childhood and may be at risk for Sudden Infant Deaths Syndrome (SIDS).

But some children without health insurance or lack access to primary care providers to manage asthma treatment are at risk to increase probability to unnecessary hospitalizations. Under insured and under insured asthmatic children are at greater risk of needing asthma primary care access and medication therapy can lead to asthmatic hospitalization. The parents with children with Asthma tend to lack health insurance and also don't hve enouch money to afford the asthma maintence drug therapy, bring their children to the Community Center during an asthma attack, so the Centers treat them but later, they are referred to GMHA ER and end up being admitted for Asthma.

The Early Prenatal Care Classes at the DPHSS educate and emphasize the "Importance of Not Smoking during pregnancy and after" because of the harmful effects it has to newborns, that can lead to lead to childhood Asthma. Educating them from the start of their pregnancy can make a lifestyle change that will benefit the mother and the infant's well being.
//20

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	12.0	10.9	4.9	2.5	1.1
Numerator	877	233	53	30	31
Denominator	7325	2142	1072	1212	2783
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Narrative:

/2009/

On Guam, the MCH population with incomes 100% below Federal Poverty level qualifies for the government insurance plan, the Medically Indigent Program (MIP).

Because of its territorial status, Medicaid funds allotted to Guam are significantly lower than the amount it would be entitled to if it were a State. Therefore, Medicaid funds are insufficient to provide services for all Medicaid eligible children.

Information for HSCI #02 was obtained from Medicaid form HCFA 416 the Annual EPSDT Participation Report. Based on the data provided, it seem that most individuals enrolled are receiving some periodic screening. However, the consistency and quality of the screening and the thoroughness of referrals, follow-up and treatment are areas of concern. A number of programs (MCH, WIC, Early Intervention, etc.) work to assure that all infants, including those on Medicaid receive comprehensive screening and referrals.

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) program provides well child and comprehensive pediatric care for children and adolescents through age 20. Participation as an EPSDT screening provider is voluntary. The EPSDT program was expanded in the Omnibus Budget Reconciliation Act of 1989 to allow additional services. The acronym EPSDT stands for: Early A Medicaid-eligible child should begin to receive high quality preventive health care as early as possible in life. Periodic Preventive health care occurring at regular intervals according to an established schedule that meets reasonable standards of medical, vision, hearing, and dental practice established by recognized professional organization. Screening An physical examination using quick, simple procedures to sort out apparently well children from those who have a disease, condition, or abnormality, and to identify those who may need further diagnosis, evaluation, and/or treatment of their physical and mental problems. Diagnosis The determination of the nature or cause of physical or mental disease, conditions, or abnormalities identified during a screening. Treatment Any type of health care or other measures provided to correct or improve defects, physical and mental illnesses, or chronic conditions identified during a screening.

In 2007, there were 19,252 individuals eligible for EPDST. There were 1,212 children less than one-year-old eligible for services under EPSDT. This is an increase of 13.06% from 2006. In 2006, 1,072 children less than one year of age were eligible for EPDST services. The total eligible that should have received at least one initial or periodic screen was 1,212 and the total eligible that received at least one initial or periodic screen was 30. The low number of eligible children receiving at least one initial or periodic screen may be due to the low number of

physicians who will see EPSDT children. Private physicians hesitate to participate in the Medically Indigent Program and Medicaid, which are types of heath insurance for the poor, because of the lack of payment from the Department of Administration.

/2010/

This 2008 there is a marked increase in clients that are elligable for Medicaid compared to 2007 data. 2007 data collection is unknown. But our 2008 data is from the State Office of Medicaid Program and stats on this measure were directly give by the Office of Division of Public Welfare. This data present is from a true source of accurate and correct data.

Guam's MAP program oversees the EPSDT program, in which the Early Periodic Screening Diagnostic and Treatment (EPSDT) program provides well-child and comprehensive pediatric care for children and adolescents through age 20 in 2008. In 2008, 2,783 children less than one year of age were eligible for EPDST. The total eligible that should have received at least one initial or periodic screen was 31. The BPCS Community Health Centers were able to see about 252 with the EPSDT periodic screening.

The data presented in 2007 are similar to 2008 on the total eligible that should have received at least one initial or periodic screen was 2,783.

There is ancrease in Medicaid clients due to a economical challenges for employment due to high demand on professional and skilled jobs, increased homeless communities, and high living expensives. Clients live to their priorities not the Public Health priorities.

Educating our clients at health fairs, immunization outreaches, health screenings, and home visiting activities helps to educate clients about the importance of well child care and immunizations is provided at all client encounters as needed.

During the Early Prenatal Care Classes (EPCC) the MCH Staff and Medical Social Workers were able to distribute Division of Public Welfare education materials to mothers, so they are able apply to this program to improve their access to care. //2010//

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0	0.0	2.5	1.1
Numerator	0	0	0	30	31
Denominator	1	1	1	1212	2783
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and			Yes	Yes	

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
The data presented is from the Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Notes - 2007
The SCHIP benefits became available to Guam in 1998. This program allows States and territories to choose from three different options when creating a plan to cover under-served children. These are: establishing a new children's health insurance program, expanding current Medicaid programs, or a combination of both strategies. Currently, Guam is using its allotment to expand Medicaid eligibility.

Information for HSCI was obtained from Medicaid form HCFA 416 the Annual EPSDT Participation Report. Based on the data provided, it seem that most individuals enrolled are receiving some periodic screening. However, the consistency and quality of the screening and the thoroughness of referrals, follow-up and treatment are areas of concern. A number of programs (MCH, WIC, Early Intervention, etc.) work to assure that all infants, including those on Medicaid receive comprehensive screening and referrals.

Notes - 2006
This HSCI is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of $6.68 million a year.

Narrative:
/2008/

Since SCHIP is a Medicaid expansion program on Guam, separate service utilization data is not available for SCHIP enrollees at this time.

The MCH Program will continue to: support delivery of preventive health services, such as health screenings and immunizations; screen infants and children seen in the public health clinics for Medicaid eligibility; provide technical assistance to the Medicaid program on issues related to access to services for children; and promote the Medical Home concept through Guam's Early Childhood Comprehensive System Project Tinituhon (Tee ne tu' hun). //2008//

/2009/ The SCHIP benefits became available to Guam in 1998. This program allows States and territories to choose from three different options when creating a plan to cover under-served children. These are: establishing a new children's health insurance program, expanding current Medicaid programs, or a combination of both strategies. Currently, Guam is using its allotment to expand Medicaid eligibility. //2009//

/2010/
The SCHIP and Medicaid Program work hand in hand with each other to support the undeserved children in Guam The MCH will continue to work with the Division of Public Welfare that deals with both Medicaid and SCHIP program. Upcoming meetings will be scheduled with the division of Public Welfare and their bureau administrators , to have a better understand of both the Maternal Child Health program and SCHIP.

The BFHNS have began networking more closely with the Division of Public Welfare (DPW), we have scheduled in-service sessions to give brief summary of all the programs that DPW and BFHNS are managing and a brief summary of the requirements. So the

bureau staff a better understanding f the different program s the DPHSS provide to the community of Guam. //2010//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	1	37497	37848	38178	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

No data was enter because at the beginning of 2007 MCH Annual Report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Also due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Offical data needed for 2008 MCH Annual Report were not available at this time. One staff was hired recently and detailed staff from different areas are assisting the Vital Statistics at this time.

An estimated amount of amount of 15 - 44 years women with live births at GMHA in 2008 were 2,207

Notes - 2007

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Notes - 2006

Title V has made efforts to increase access and utilization of prenatal care and to decrease the occurrence of low and very low birth weight infants, and to ensure that an optimum number of number of women whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.

Narrative:

/2009/

Early preventive prenatal care and education are recognized as the most cost effective ways to improve pregnancy outcomes. The Department of Public Health and Social Services has a commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight and

improving the health status of Guam's children. The Department operates two regional community health centers, one in the northern area of the island and one in the southern area. Both community health centers offer comprehensive prenatal care services to insured, uninsured and underinsured women.

The MCH Program conducts an Early Prenatal Counseling Class (EPCC) and Breastfeeding classes, EPCC provides the clients of how what to expect during pregnacy, body changes, infant growth, health hazards, keeping a healthy diet and lifestyle, and more information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy, and also educate on postpartum care and family planning.
The Breastfeeding classes promote breastfeeding and provide a resource group to support breastfeeding mothers.

During 2007, there were 308 participants involved in EPCC. The average age of the participants was 19 years of age. Forty seven percent (47%) of the clients were Chamorro, twenty seven percent (27%) Chuukese. Filipino clients were the third highest in participation with ten percent.

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional fundingor staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data.

The Community Health Centers are using Health Pro data to measure first trimester entry into prenatal care. In 2006, 11.6% of pregnant women received care in the first trimester of their pregnancy; this is down from 13.5% and 14.8% for the years 2004 and 2005 respectively. Women from the Federated States of Micronesia had an entry rate of 9.2% for 2005 and 10.2 in 2006. The Community Health Centers anticipates that because of a part-time OB/GYN physician working additional hours there will be a gradual increase in the percent of women seeking prenatal care in the first trimester. However, the part--time OB/GYN, who is also employed at the Guam Memorial Hospital, worked at the Community Health Center for a short period of time. //2009//

/2010/

Prenatal care rates have improved on Guam and are showing the infant and mortality rates have been decreasing. The Nurse Practitioners have now been working closely with their Medical Advisor, Dr. Stupiski a Family Practice Physician at our Northern Community Health Center. A majority of MCH prenatal clients are being seen at the Community Centers both the Southern and Northern Centers. The Guam Memorial Hospital Labor Room have been seeing approximately 1,023 or 50% of the all admissions, in which these clients have adequate prenatal care and are being seen at about their first-second trimester.

The Central Regional Clinic saw 101 new clients at their first trimester out of their 356 total clients for 2008, and screened a total of 2,424 clients in Central Regional Clinic in 2008. The Central Clinic also offered a total of 106 Women's Health Clinics provided 365 new clients were pregnant.

A total of prenatal clients seen in the Community Health Centers in all the trimesters were 7,952, 6,957 in Northern Regional Community Health Centers (NRCHC) were 6,957 and in the Southern Regional Community Health Center (SRCHC) were 995 prenatal clients. The Community Health were not able to break down the total number of clients seen in their first trimester, only the total of prenatal clients seen for prenatal care services for FY 2008.

NRCHC saw more prenatal clients because they have more Women's and Family Health providers and they also accept other health insurances. Also GMHA has also noted about 218 (11%) clients of all their L&D admissions had No Prenatal Care. //2010//

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	NaN	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	0	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
The data needed on this area the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Administrator stated that Guam Medicaid does not accept or process presumtive cases..

Narrative:
/2009/

As an unincorporated territory of the United States, Guam is eligible for Medicare, Medicaid and other federal support for public health. As Medicaid benefits are capped at $6.98 million, the Government of Guam also has a locally funded program of medical assistance, the Medically Indigent Program (MIP).

The Guam Maternal and Child Health Children with Special Health Care Needs Registry captures insurance staus for the children. As of the second quarter of 2007, the CSHCN Registry contained 1,225 referrals. The insurance status for the 1,225 is as follow: 387 (32%) had private insurance; 350 (29%) were found to be insured through government subsidy such as the Medicaid program or the Medically Indigent program and 488 (40%) were found to have no insurance.

Caregivers of CSHCN are reporting that their insurance companies exclude medical coverage on "chronic orthopedic deformities". This will result in an increase for assistance in securing authorization for medical services from uninsured and insured patients.

In addition, patients with certain insurance policies are obligated to meet the standard deductible fee prior to obtaining a certain percentage of health coverage (patient pays 20% of their health care bill while the insurance companies provide coverage for the remaining 80% of the bill). Furthermore, certain health insurance companies will offer additional benefits by offering patients to obligate themselves to a minimum of $1,500 of medical expenses per member prior to receiving 100% coverage thereafter. This of course creates a tremendous financial burden on families especially hose families with CSHCN patients who require out-of-the ordinary health care. //2009//

/2010/

Guam is eligible for Medicare , Medicaid and other federal support for public health. As Medicaid benefits are capped at $17,355 million, the Government of Guam also has a locally funded program for medical assistance, called the Medically Indigent Program (MIP).

The Government of Guam also participates in the federally supported program, State Children Health Insurance Program (SCHIP). The SCHIP on Guam is an expansion of the Medicaid Program that provides medical and health related services to qualified children less than 19 years of age. The ratio is 50:50 federal-local funded programs, where the Federal pays for 65% of the fund and the Government of Guam pays 35% of the fund. The current cap on MAP is $17.355 million

The Community Health Centers see from no insurance to client who have private insurance clients. As of their FY 2008 report the NRCHC saw 5,319 and SRCHC saw 2,879 children from 0-19 years of age, with a total encounters of NRCHC and SRCHC seen were 8,198 children 0-19 years of age. //2010//

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	4.8	4.0	30.6	19.4	
Numerator	348	164	587	716	532
Denominator	7325	4133	1918	3692	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.They state 532 are total number of EPSDT eligible children with Medicaid aged 6-9 years.

Narrative:

/2009/ The Dental Section of the Division of Public Health is responsible for the implementation of Public law 24-196 mandating basic dental services for Guam's eligible children below the age of 17. The scope of dental services provide includes examinations, x-rays, diagnosis and cleaning and sealing of teeth, fluoride treatments and the performance of other treatments as required. Orthodontic treatment, complicated oral surgery and root canal therapies are not performed, but appropriate referrals are made.

Title V and the Dental Section provides dental health education on sealants and fluoride varnish treatments to schools and community groups.

In 2007, there were 19,252 individuals eligible for EPDST. There were 1,212 children less than one-year-old eligible for services under EPSDT. This is an increase of 13.06% from 2006. In 2006, 1,072 children less than one year of age were eligible for EPDST services. The total eligible that should have received at least one initial or periodic screen was 1,212 and the total eligible that received at least one initial or periodic screen was 30. The low number of eligible children receiving at least one initial or periodic screen may be due to the low number of physicians who will see EPSDT children. Private physicians hesitate to participate in the Medically Indigent Program and Medicaid, which are types of heath insurance for the poor, because of the lack of payment from the Department of Administration.

There were 584 children eligible for dental services. Of this, 556 total eligible receiving any preventive services or 95.21% and 469 total eligible receiving dental treatment services or 80.31% //2009//

/2010/

The bureau of Dental Services in the Division of Public Health at the Department of Public Health is only housed at Mangilao Central Regional Health Centers, and they only open Monday to Fridays from 8:00am to 5:00pm. The Dental Services only see children 4 years of age to 16 years of age with no insurance and only provides preventative care and case by case acute treatment, refers these children to private dental offices if they have Medicaid or MIP insurances. The Dental Services dentist and staff provide examination, x-rays, diagnosis, cleaning, do Fluoride varnish treatments and other oral care. For about 2 years the Dental has not offered or done any Sealant services. But our Title V and the Dental area provides dental health education on fluoride varnish treatments to preschools, elementary schools and community groups during the BFHNS Immunization Outreaches. The CRCHC and SRCHC both offer and do Fluoride Varnish Program during their well-child check ups. The nursing staff and physicians were provided training and supplies (tooth brushes and tooth pastes) were also given for the children who received the fluoride treatment. The Chief Dental Officer stated that she has noticed that there was decrease in dental carriers (cavities)
Within the 4-5 year olds or in the latter years of Head Start ages. //2010//

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes

Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

The Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office, does not collect this data at this moment.

Notes - 2006
This HSCI is not applicable to Guam; SSI benefits are not available to children with disabilities. The Medicaid Program does not provide these services. Rehabilitative services are provided through the Department of Education Special Education Program and the Title V Program

Narrative:
/2008/

This HSCI is not applicable to Guam. SSI benefits are not available to children in this age group with disabilities on Guam. //2008//

/2010/
This Health Systems Capacity Indicator is not apply to Guam. The SSI benefits are not available to our children in this age group with disabilities on Guam //2010//

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2008				0

Notes - 2010
Also due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Offical data needed for 2008 MCH Annual Report were not available at this time. One staff was hired recently and detailed staff from different areas are assisting the Vital Statistics Office at this time.

The data was not able to be obtained at this time from the Guam Department of Public Health & Social Services (DPHSS), Division of Public Welfare, State Office on Public Welfare(DPW), Bureau of Health Care Financing (BHCF) Office because the data can not be collected if the precentage of the infant of low birth weight (less than 2,500 grams) was not available. But the BHCF Administrator can obtain it if the the percentage was available.

GMHA reported in 2008 and estimate of 46 infants less than 2,500 grams which is only provisional data.

Narrative:
/2009/
It is hoped that with the new fiscal year, the department may be able to hire the much needed data entry positions. Employers generally hire high school graduates who meet their requirements for keyboarding speed. However, Public Law 29-100 has changed the requirement of a high school diploma for employment within the government of Guam.

Because of its territorial status, Medicaid funds allotted to Guam are significantly lower than the amount it would be entitled to if it were a State. Therefore, Medicaid funds are insufficient to provide services for all Medicaid eligible children.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods. //2009//

/2010/

Guam is eligible for Medicare , Medicaid and other federal support for public health. As Medicaid benefits are capped at $13.350 million, the Government of Guam also has a locally funded program for medical assistance, called the Medically Indigent Program (MIP).

The Government of Guam also participates in the federally supported program, State Children Health Insurance Program (SCHIP). The SCHIP on Guam is an expansion of the Medicaid Program that provides medical and health related services to qualified children less than 19 years of age. The ratio is 50:50 federal-local funded programs, where the Federal pays for 65% of the fund and the Government of Guam pays 35% of the fund. This program is to receive approximately $13.350 from the federal funds and $13.350 from local funds in FY 2008. The current cap on SCHIP is $13.350 million

The Community Health Centers see from no insurance to client who have private insurance clients. As of their FY 2008 report the NRCHC saw 5,319 and SRCHC saw 2,879 children from 0-19 years of age, with a total encounters of NRCHC and SRCHC seen were 8,198 children 0-19 years of age.

The Department's three Health Centers providers and staff are were active in promoting Early Prenatal Care to women they meet at the hospital, clinics, home visits, community outreaches, case findings, referrals and village-base clinics.

The BFHNS and Medical Social Workers continue to partner in offering Early Prenatal Counseling Classes (EPCC) twice a month. These classes provide education on various health topics for pregnancy, nutrition, stages of pregnancy, exercise, danger signs, alcohol/drug abuse and child care. This year we had a total of 300 participants attended the class. The average age of the participants was 26 years old.

The MCH program continues to participate in various health fairs for the island community. These include the annual Healthy Mother's Healthy Babies Health Fair on November 29, 2008 at the Micronesia Mall. The fair also offered free Immunization for children 0-18 years of age. It was a great turn out, with surveys filled out, raffling of door prizes, and a presentation done by different health programs. These health fairs provide health education and listening of services available at the Public Health Clinics.

The Community Health Center have hired at least 1 more OB/GYN provider, 1 full-time Pediatrician, 2 part-time Pediatrician, and 1 family Practice physician, to assist in the increased MIP/MAP pregnant women clients. The increase of providers in the NRCHC and SRCHC made the Public Health clients able to have adequate and safe prenatal care. //2010//

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2008				0

Notes - 2010

Also due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Offical data needed for 2008 MCH Annual Report were not available at this time. One staff was hired recently and detailed staff from different areas are assisting the Vital Statistics Office at this time.

The data was not able to be obtained at this time from the Guam Department of Public Health & Social Services (DPHSS), Division of Public Welfare, State Office on Public Welfare(DPW), Bureau of Health Care Financing (BHCF) Office because the data can not be collected if the precentage of the infant deaths was not available. But the BHCF Administrator can obtain if the the percentage was available.

GMHA reported in 2008 and estimate of 7 infant deaths which is only provisional data.

Narrative:

/2009/

The Department of Public Health and Social Services continues to have trouble in retaining staff and hiring qualified candidates. Although the length of time required to advertise, recruit and fill positions has somewhat diminished, there is still a significant period between the time when a candidate is identified and when the offer of employment is made. During this interval, many applicants accept other positions.

In 2008, there were 58 Full Time Equivalent (FTE) primary care physicians actively practicing on Guam. With a civilian population of 167,226 and a FTE of 58, Guam's population-to-primary care physician ratio is 2,893 to 1. While this ratio does not meet the minimum ration for a shortage designation, it is still insufficient to meet the demand for health care services.

The General Fertility Rate (GFR; births per 1,000 women 15 - 44 years) for the civilian population of Guam in 2005, the last year for which we have detailed birth data available, was 88.1. The GFR for the total population in 2007 was 91.7.

The infant death rate for the civilian population in 2005 was 12.7 per 1,000 live births, an improvement over the 2004 rate, which was13.6 infant deaths per 1,000 civilian live births. The infant death rate for the total population was 13.47 in 2006 and 10.0 in 2007.

In addition to having an overall high infant mortality rate, the infant death rate of the Chamorro population, the largest single population group on Guam, is also high. In 2004, the IMR for infants

born to civilian Chamorro mothers was 14.3 deaths per 1,000 live births; this improved slightly in 2005 to 9.3. The Micronesian population, Guam's newest group of immigrants, has an extremely high infant mortality rate, as well: 15.5 infant deaths per 1,000 live births in 2004, which increased to 23.1 in 2005. The Chuukese population, the largest single FSM ethnicity on Guam, had rates of 15.4 in 2004 and 24.6 infant deaths per 1,000 live births in 2005.

Fetal deaths are also worth examining. For Guam's civilian population overall, the fetal death rate in 2004 was 11.2 deaths per 1,000 live births and fetal deaths. In 2005, the fetal death rate for the total population was 13.85.

Many women delay seeking prenatal care, or do not seek any, primarily because of lack of money, insurance, appointment availability, and transportation. Fewer than 60% of all births in 2004 and 2005 had prenatal care that began in the first trimester. In 2004, 6.5% of mothers sought prenatal care only in the third trimester, and 8.3% had no prenatal care. These rates were similar in 2005, where 6.3% of mothers had no care and 6.2% had care that began in the third trimester. This was 15% of births in 2004 and 12.5% of births in 2005 with late or no prenatal care.

Lack of prenatal care may contribute to the increase seen in low birth weight among civilian mothers in 2004 and 2005. Low birth weight babies were 8.9% of all civilian births in 2004, and increased to 9.8% of civilian births in 2005. Mothers who delayed care until the second trimester saw an increase in low birth weight babies, from 8.1% in 2004 to 8.9% in 2005; for those who had no care, the proportion of low birth weight babies increased from 12.5% in 2004 to 17.5% in 2005. //2009//

/2010/

Guam is eligible for Medicare , Medicaid and other federal support for public health. As Medicaid benefits are capped at $13.350 million, the Government of Guam also has a locally funded program for medical assistance, called the Medically Indigent Program (MIP).

The fetal deaths recorded at Guam Memorial Hospital in 2008 were about 7 in 12 months and that is high for the services available in Guam. Prenatal Care at the DPHSS centers are frr or visits are responsible. Access to the Prenatal Care services are within the island, from the northern part of Guam to the southern side of Guam. An increase in providers in the Public Health Centers have helped in seeing MCH clients, no insurances clients, Medicaid clients and MIP clients. So Prenatal care is available and accessible to women who are pregnant in the community.

The Community Health Centers see from no insurance to client who have private insurance clients. As of their FY 2008 report the NRCHC saw 5,319 and SRCHC saw 2,879 children from 0-19 years of age, with a total encounters of NRCHC and SRCHC seen were 8,198 children 0-19 years of age. //2010//

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**

State					
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008				0

Notes - 2010

Also due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Offical data needed for 2008 MCH Annual Report were not available at this time. One staff was hired recently and detailed staff from different areas are assisting the Vital Statistics Office at this time.

The data was not able to be obtained at this time from the Guam Department of Public Health & Social Services (DPHSS), Division of Public Welfare, State Office on Public Welfare(DPW), Bureau of Health Care Financing (BHCF) Office because the data can not be collected if the precentage of the infants born to pregnant women recieving prenatal care beginning in the first trimester was not available. But the BHCF Administrator can obtain if the the percentage was available.

GMHA reported in 2008 and estimate of 1,023 infants born to pregnant women recieving prenatal care beginning in the first trimester which is only provisional data.

Narrative:

/2009/

Unemployment and no health insurance affect the ability of persons to receive medical care. In March 2006, the unemployment rate for the civilian labor force was 6.9%, nearly 50% higher than the 2006 U.S. rate. As most health insurance is received through employment, an increase in unemployment means an increase in those with reduced or no health insurance. Of the adult population surveyed in the Behavioral Risk Factor Surveillance System, those reporting no form of health coverage increased from 18.6% in 2001 to 19% in 2007. A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005, which included a Health Insurance Supplement, found that 29.6% of the population had no form of health coverage. This equates to approximately 46,900 civilian persons. Those under the age of 65 had 25% with no coverage, and those under 18 had 26% of their population with no coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP). In 2000, there were 1,206 persons on Medicaid and 1,198 on MIP. By 2005, there were 7,908 on Medicaid and 4,352 on MIP. Thus, the civilian population of Guam that could be considered under- or uninsured numbers over 59,000, or 37.3%. With the MIP Reform law, MIP patients must seek primary health care services at the Community Health Centers. MIP patients in need of services that are unavailable at the CHCs, or those in need of specialty care are referred to private physicians who are willing to see them. Due to the delayed and cumbersome reimbursement process, many physicians are not paid in a timely manner so they refuse to see both MIP and Medicaid patients. This severely reduces their access to medical and ancillary care.

Lack of access, whether because physicians will not accept new patients, will not accept uninsured patients, or because people are reluctant to seek care if they cannot pay, leads to high rates of communicable disease. In 2007, Guam experienced a rate of new tuberculosis cases that was 12 times the rate in the U.S. (53 per 100,000 for Guam vs. 4.4 per 100,000 for the U.S.). The rate was even higher in the Micronesian (178.9) and Filipino (63.5) populations, both of which have a high proportion of immigrants. Sexually transmitted infections also increased in 2007; while not at an historic high, they were anywhere from 19% (Chlamydia) to 88% (Syphilis) higher than U.S. rates. Again, the Micronesian population had significantly higher rates than either the Guam or the U.S. populations for Chlamydia (over 200% higher) and Syphilis (over 900% higher). This population, whether because of language and cultural barriers, lack of employment and insurance or poor access to health care prior to their movement to Guam, generally presents for

care later in illness or pregnancy, and often has multiple health problems needing attention.

Chronic disease also presents a problem for the civilian population of Guam. Many persons suffer from more than one chronic disease. Of the total visits to GMHA in Fiscal Year 2007, 59% of Emergency Room, 64% of Inpatient, and 1% of Outpatient discharges had co-morbidities.

In 2000, 23% of persons and 20% of families had incomes below the poverty level. This was an increase from the 16.7% of persons and 16.3% of households in poverty recorded in the 1990 Census. There has been no inter-censal updating of the proportion of the civilian population with incomes below the poverty level. However, an equivalent measure of the economic status of the population of Guam is the number of persons on Public Assistance. In the 2000 census, 4,211 households reported receiving income from Public Assistance. This was comparable to the 4,283 persons reported by the Division of Public Welfare to be receiving benefits in 2000. By 2005, the number receiving Public Assistance benefits had grown to 15,764.

The Community Health Centers submitted the 2006-2007 Community Health Center Financial Status Report (FSR) to HRSA Office of Grants Management and the CHC Region IX Project Officer and the entire federal award of $1,051,836 was utilized (zero unobligated federal balance). Given the outstanding performance of the Guam Community Health Centers (i.e., timely submission of UDS and FSR reports, zero unobligated federal balance, active participation in the national diabetes collaborative, and submission of diabetes data to the Pacific West Cluster via California Primary Health Care), HRSA increased the CHC federal funding by an additional $23,000 dollars this year. Thus, the CHC federal grant awarded to Guam is now $1,074,836. The CHCs also submitted the Health Care and Other Facilities Financial Status Report and all federal funds were spent (zero unobligated federal balance). //2009//

/2010/
The economy on Guam at this time is good for now but with the Ordot Dump payment, increase Bond payment needed to pay our Tax refunds and tax returns, has our Government looking for economic growth to prevent our society to go without health insurance, not seek medical care and prevention services. We have our Community Health Centers offering array of services at a reasonable amount to assist the clients to get adequate and safe care.
//2010//

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008				0

Notes - 2010

GMH reported in 2008 and estimate of 1,023 infants born to pregnant women recieving prenatal care beginning in the first trimester which is only provisional data.

As for pregnant women with adequate prenatal care, GMH was not able to provide any data.

Narrative:
Nationally, federal health agencies, insurance companies, health researchers and policy groups promote the need for a "continuum of care" with patients. It is recognized that continuity of coordinated, quality care is the best model of care for patients and is the most cost effective method for providing and paying for services. A continuum of care is best achieved through consistent access to quality health providers.

As stated earlier, early preventive prenatal care and education are recognized as the most cost effective ways to improve pregnancy outcomes. The Department of Public Health and Social Services has a commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight and improving the health status of Guam's children. The Department operates two regional community health centers, one in the northern area of the island and one in the southern area. Both community health centers offer comprehensive prenatal care services to insured, uninsured and underinsured women.

Efforts to improve these indicators are conducted by the MCH Program. The MCH Program provides care coordination, health education and counseling to pregnant women with health and social risk factors associated with low birth weight and very low birth weight infants. The WIC Program also contributes toward reducing those rates by focusing on women who present nutritional risk factors. In 2006, the WIC Program provided services to 1,242 pregnant women.

As programs become more visible and known in the community, the messages on prenatal care are reaching more and more women. When possible, programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) are also connection women with sources of prenatal care, such as Medicaid and the Medically Indigent Program (MIP).

The WIC Program prescribes and pays for nutritious foods to supplement diets of pregnant women, new mothers, infants and children up to five years of age, who qualify as "nutritionally at risk", based on medical and nutrition assessment and federal poverty guidelines. The WIC Program provides various assistance including medical referrals to health care providers to address the WIC participant needs.

Obtaining early and regular prenatal care is an important component for improving prenatal outcomes. Many women in the United States receive little or no prenatal care even though there has been support for the importance of prenatal care since the early 20th century. Women beginning care in the third trimester and women receiving no prenatal care are at increased risk for poor pregnancy outcomes. Birth data for 2006 is still preliminary, however reported low birth weight infants were _____% for all live births and _____% for singleton births.

/2009/ In general, health outcomes are less favorable for those of lower socioeconomic status than those that enjoy higher standards of living. Medicaid populations generally fair less favorably than private insured populations with regards to low birth weight rates, infant mortality, rates of prenatal care and adequacy of prenatal care. This is not totally related to the source of payment for their care, but more likely attributable to a confluence of life factors.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the

financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods.//2009//

/2010/

Prenatal care rates have improved on Guam and are showing the infant and mortality rates have been decreasing. The Nurse Practitioners have now been working closely with their Medical Advisor, Dr. Stupiski a Family Practice Physician at our Northern Community Health Center. A majority of MCH prenatal clients are being seen at the Community Centers both the Southern and Northern Centers. The Guam Memorial Hospital Labor Room have been seeing approximately 1,023 or 50% of the all admissions, in which these clients have adequate prenatal care and are being seen at about their first-second trimester.

The Central Regional Clinic saw 101 new clients at their first trimester out of their 356 total clients for 2008, and screened a total of 2,424 clients in Central Regional Clinic in 2008. The Central Clinic also offered a total of 106 Women's Health Clinics provided 365 new clients were pregnant.

A total of prenatal clients seen in the Community Health Centers in all the trimesters were 7,952, 6,957 in Northern Regional Community Health Centers (NRCHC) were 6,957 and in the Southern Regional Community Health Center (SRCHC) were 995 prenatal clients. The Community Health were not able to break down the total number of clients seen in their first trimester, only the total of prenatal clients seen for prenatal care services for FY 2008. NRCHC saw more prenatal clients because they have more Women's and Family Health providers and they also accept other health insurances. Also GMHA has also noted about 218 (11%) clients of all their L&D admissions had No Prenatal Care.
//2010//

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2008	100
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2008	100

Notes - 2010
The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Notes - 2010
The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Narrative:
/2008/

Guam, by virtue of being a territory and not a state, receives Medicaid funds at a lower rate than the States. Due to the federal Medicaid cap which severely restricts provision of services to all eligible families, eligibility is determined at 100% of federal poverty level.

An effort to raise the ceiling on the territory's funding level is a mission undertaken, at the National level, by the Guam Delegate to Congress. //2008//

/2009/ With a State Planning Grant from the Health Resource and Service Administration (HRSA), the Guam Department of Public Health and Social Services, Division of Welfare conducted a study of Guam's uninsured population.

The 2005 Guam Household Income and Expense Survey found a 6,199 or 17.2% of Guam's households did not have health insurance. Of those with health insurance, 36.9% were affiliated with government programs and 37.5% with private firms. Other significant findings include:

· Non U.S. citizens head nearly 63% of Guam's uninsured households. Of this 63%, 34% of households without health insurance are permanent, non-citizens. Another 28.3% of uninsured households are temporary non-citizens living on Guam. Fifteen percent of naturalized citizens and 10.4% of households headed by citizens born in the United States or a U.S. territory are uninsured.

· Nearly 46% of Guam's uninsured wage earners earned between $10,000 to $24,999 per year; 18% earned $25,000 to $49,999 per year; 3% earned $50,000 to $99,999 per year and less than 1% earned over $100,000 per year.

· Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rate at 36.9%.

· Those born in China and Korea have the highest rates of uninsured at 69.9% and 58.5% respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8%; Chuuk 32.6% and Yap 31.1%. Twenty-five percent of householders from Japan and 25.2% from the Philippines are without health insurance.

Guam's uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8%) of uninsured vs. 11.9% of insured.

The survey revealed reasons given by those without coverage as: could not afford the premium (26.9%), lost of changed job (6.8%), no employer coverage (6.0%), spouse of parent lost job or died (3.2%), problems with
eligibility (3.2%), and other uncategorized reasons (21.3%). //2009//

/2010/

The most recent census data available for Guam (Census, 2000), reports that in 1999, 32% of children under the age of 5 were living in poverty. This an increase of 68% over the number reported in the 1990 census. This trend is expected to be reflected in the 2010 Census.
Guam's Department of Public Health and Social Services (DPHSS) reported that in 2000, 4,283 persons on Guam received public assistance. By 2005, this number had increased to 15,764. Guam's unemployment rates also continue to grow at rates higher than the U.S. rate. In March 2006, the unemployment rate was 6.9%, nearly 50% higher than the 2006 U.S. rate. Given the global and local economic situation, this trend is likely to continue. And a recent article in the Pacific Daily News(January, 2009) reported that between October 2007 and September 2008, a total of 574 families were turned away from one of Guam's homeless shelters because they had no space. Equally disappointing is a 54% increase in the number os single, female head of household families have risen, since children growing up in these households are less likely to have access to the same resources as children from two parent families (Annie E. Casey).
//2010//

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children	2008	
(Age range 0 to 1)		100
(Age range 1 to 14)		100
(Age range 15 to 22)		100
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children	2008	
(Age range 0 to 1)		100
(Age range 1 to 14)		100
(Age range 15 to 22)		100

Notes - 2010
The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Notes - 2010
The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Narrative:
/2008/

With a State Planning Grant from the Health Resource and Service Administration (HRSA), the Guam Department of Public Health and Social Services, Division of Welfare conducted a study of Guam's uninsured population.

The 2005 Guam Household Income and Expense Survey found a 6,199 or 17.2% of Guam's households did not have health insurance. Of those with health insurance, 36.9% were affiliated with government programs and 37.5% with private firms. Other significant findings include:

- Non U.S. citizens head nearly 63% of Guam's uninsured households. Of this 63%, 34% of households without health insurance are permanent, non-citizens. Another 28.3% of uninsured households are temporary non-citizens living on Guam. Fifteen percent of naturalized citizens and 10.4% of households headed by citizens born in the United States or a U.S. territory are uninsured.

- Nearly 46% of Guam's uninsured wage earners earned between $10,000 to $24,999 per year; 18% earned $25,000 to $49,999 per year; 3% earned $50,000 to $99,999 per year and less than 1% earned over $100,000 per year.

- Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rate at 36.9%.

- Those born in China and Korea have the highest rates of uninsured at 69.9% and 58.5%

respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8%; Chuuk 32.6% and Yap 31.1%. Twenty-five percent of householders from Japan and 25.2% from the Philippines are without health insurance.

Guam's uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8%) of uninsured vs. 11.9% of insured.

The survey revealed reasons given by those without coverage as: could not afford the premium (26.9%), lost of changed job (6.8%), no employer coverage (6.0%), spouse of parent lost job or died (3.2%), problems with eligibility (3.2%), and other uncategorized reasons (21.3%). //2008//

/2010/

According to our state office of the Division of Public Welfare the poverty level of Medicaid infant (0to 1yr) and Medicaid pregnant women is 100% FPL. There has been an increase in poverty level on Guam with our high - risk populations. Our clients are reaching out to seek more public assistance to care for their family and their needs.

The increased numbers of families living in poverty, an increasing homeless population that includes families with young children, limited access to health insurance, lack of adequate public transportation and affordable childcare also create barriers to service

According to the Bureau of Primary Care Services (BPCS) on their FY 2008 Annual Report, they report that largest amount of encounters that they serve are the 19,048 encounters were in the are 100% and Below Income Poverty Level, out of the 30,835 encounters that they saw in 2008. Over 12,328 encounters are at the level of over 200%, the northern center having the more poverty level encounters.
//2010//

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2008	100
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2008	100

Notes - 2010
The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Notes - 2010
The data presented is from the Guam Department of Public Health & Social Services, Division of Public Welfare, State Office on Public Welfare, Bureau of Health Care Financing Office.

Narrative:
Total job growth was in negative territory until 2004, when it recovered and increased by almost 5.0%, a welcome change. The 2005 number declined slightly, but a closer examination of jobs by category shows that this can be more than accounted for by a decline in construction jobs. That construction job drop has continued through the first half of 2006. Local observers point out that this is a temporary lull. Construction jobs are expected to increase significantly in the future, especially with the anticipated infrastructure improvements necessary to accommodate the military buildup. Another sign of better economic times for Guam in the last few years is found in its labor market, which has tightened some. The island unemployment rate, after peaking in 2000 at 15.3%, was less than half that at 6.9% when last published in March 2006. The U.S. unemployment rate for the same period was 4.7%. The number of unemployed decreased by 1,760 persons between December 2005 and March 2006, while the number not in the labor force also decreased. This is a sign of increased economic activity: when the economy is bad, persons return to school and stop actively seeking work; when the economy improves, they return to the labor force.

The Guam Census 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

Per Capita Income for 2003 was $11,254 an increase of $382 or 3.5% from calendar year 2001. The Mean Earner's Income for 2003 was $21,778, which was $176 or 0.8% above the calendar year 2001.

While no per capita income data exists that is comparable to Census data, the March 2007 Current Employment Survey reports that average weekly earnings have increased from $395.13 in March 2006 to $400.10 in March 2007. This translates to average annual earnings of $20,805 in 2007, up 1.25% over 2006. These data do not include the recent increases in the Minimum Wage, so are not inflated by that change.

/2009/ As an unincorporated territory of the United States, Guam is eligible for Medicare, Medicaid and other federal support for public health. As Medicaid benefits are capped at $6.98 million, the Government of Guam also has a locally funded program of medical assistance, the Medically Indigent Program (MIP).

Other public medical assistance to the aged, blind and disabled totaled $18.9 million in 2005, which averaged a total cost of $1,196 per patient. Of the total medical claims, 8.32% was used for old age assistance, 36.89% went to AFDC adults, 52.05% went to AFDC children, and 2.73% was used for aid to the Permanently Disabled. A small portion, $4,780 was used for aid to the blind.//2009//

/2010/

Guam is eligible for Medicare , Medicaid and other federal support for public health. As Medicaid benefits are capped at $13.350 million, the Government of Guam also has a locally funded program for medical assistance, called the Medically Indigent Program (MIP).

The Government of Guam also participates in the federally supported program, State

Children Health Insurance Program (SCHIP). The SCHIP on Guam is an expansion of the Medicaid Program that provides medical and health related services to qualified children less than 19 years of age. The ratio is 50:50 federal-local funded programs, where the Federal pays for 65% of the fund and the Government of Guam pays 35% of the fund. This program is to receive approximately $13.350 from the federal funds and $13.350 from local funds in FY 2008. The current cap on SCHIP is $13.350 million

The increased numbers of families living in poverty, an increasing homeless population that includes families with young children, limited access to health insurance, lack of adequate public transportation and affordable childcare also create barriers to service

According to the Bureau of Primary Care Services (BPCS) on their FY 2008 Annual Report, they report that largest amount of encounters that they serve are the 19,048 encounters were in the are 100% and Below Income Poverty Level, out of the 30,835 encounters that they saw in 2008. Over 12,328 encounters are at the level of over 200%, the northern center having the more poverty level encounters.

//2010//

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	2	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No

Survey of recent mothers at least every two years (like PRAMS)	1	No

Notes - 2010

Narrative:
/2009/
Unemployment and no health insurance affect the ability of persons to receive medical care. In March 2006, the unemployment rate for the civilian labor force was 6.9%, nearly 50% higher than the 2006 U.S. rate. As most health insurance is received through employment, an increase in unemployment means an increase in those with reduced or no health insurance. Of the adult population surveyed in the Behavioral Risk Factor Surveillance System, those reporting no form of health coverage increased from 18.6% in 2001 to 19% in 2007. A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005, which included a Health Insurance Supplement, found that 29.6% of the population had no form of health coverage. This equates to approximately 46,900 civilian persons. Those under the age of 65 had 25% with no coverage, and those under 18 had 26% of their population with no coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP). In 2000, there were 1,206 persons on Medicaid and 1,198 on MIP. By 2005, there were 7,908 on Medicaid and 4,352 on MIP. Thus, the civilian population of Guam that could be considered under- or uninsured numbers over 59,000, or 37.3%. With the MIP Reform law, MIP patients must seek primary health care services at the Community Health Centers. MIP patients in need of services that are unavailable at the CHCs, or those in need of specialty care are referred to private physicians who are willing to see them. Due to the delayed and cumbersome reimbursement process, many physicians are not paid in a timely manner so they refuse to see both MIP and Medicaid patients. This severely reduces their access to medical and ancillary care.

Lack of access, whether because physicians will not accept new patients, will not accept uninsured patients, or because people are reluctant to seek care if they cannot pay, leads to high rates of communicable disease. In 2007, Guam experienced a rate of new tuberculosis cases that was 12 times the rate in the U.S. (53 per 100,000 for Guam vs. 4.4 per 100,000 for the U.S.). The rate was even higher in the Micronesian (178.9) and Filipino (63.5) populations, both of which have a high proportion of immigrants. Sexually transmitted infections also increased in 2007; while not at an historic high, they were anywhere from 19% (Chlamydia) to 88% (Syphilis) higher than U.S. rates. Again, the Micronesian population had significantly higher rates than either the Guam or the U.S. populations for Chlamydia (over 200% higher) and Syphilis (over 900% higher). This population, whether because of language and cultural barriers, lack of employment and insurance or poor access to health care prior to their movement to Guam, generally presents for care later in illness or pregnancy, and often has multiple health problems needing attention.

Chronic disease also presents a problem for the civilian population of Guam. Many persons suffer from more than one chronic disease. Of the total visits to GMHA in Fiscal Year 2007, 59% of Emergency Room, 64% of Inpatient, and 1% of Outpatient discharges had co-morbidities.

In 2000, 23% of persons and 20% of families had incomes below the poverty level. This was an increase from the 16.7% of persons and 16.3% of households in poverty recorded in the 1990 Census. There has been no inter-censal updating of the proportion of the civilian population with incomes below the poverty level. However, an equivalent measure of the economic status of the population of Guam is the number of persons on Public Assistance. In the 2000 census, 4,211 households reported receiving income from Public Assistance. This was comparable to the 4,283 persons reported by the Division of Public Welfare to be receiving benefits in 2000. By 2005, the number receiving Public Assistance benefits had grown to 15,764.

The Community Health Centers submitted the 2006-2007 Community Health Center Financial Status Report (FSR) to HRSA Office of Grants Management and the CHC Region IX Project Officer and the entire federal award of $1,051,836 was utilized (zero unobligated federal balance). Given the outstanding performance of the Guam Community Health Centers (i.e., timely submission of UDS and FSR reports, zero unobligated federal balance, active participation in the national diabetes collaborative, and submission of diabetes data to the Pacific West Cluster via California Primary Health Care), HRSA increased the CHC federal funding by an additional $23,000 dollars this year. Thus, the CHC federal grant awarded to Guam is now $1,074,836. The CHCs also submitted the Health Care and Other Facilities Financial Status Report and all federal funds were spent (zero unobligated federal balance). //2009//

/2010/
The Department of Public Health & Social Services with the Office of Vital Statistics, IT staff, the MCH program, Guam Memorial Hospital, and Guam Early Hearing Detection and Intervention program, is at the process of negotiation with TA to pilot the electronic program to get all necessary data for the birth certification from GMHA keying in all required from the Vital Statistic form and downloading to the DPHSS Office of Statistics, to have it logged in and printed for the clients in a final Birth Certificate document. The management team and GEHDI are working to start this pilot project to start January 01. 2010. //2010//

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes

Notes - 2010

Narrative:
/2008/

Guam's Youth Risk Behavior Surveillance System (YRBS) is part of a national survey effort by CDC to monitor student health risks and behaviors in six categories identified as most likely to result in negative outcomes. YRBS was designed to determine the prevalence of health risk behaviors among youth; to assess whether health risk behaviors increase, decrease or stay the same over time; and to examine the co-occurrence of health risk behaviors. The categories in the survey include: Tobacco Use; Alcohol and Other Drug Use; Unintentional Injuries and Violence; Adolescent Sexual Behavior; Weight and Nutrition; and Adolescent Physical Activity. The survey provides comparable local and national data, as well as comparable data among subpopulations of youth.

Cigarette smoking, an addictive behavior usually established in adolescence, is the primary preventable cause of death in the United States. More than 430,000 people die each year from tobacco-related illnesses.

A recent report by the Surgeon General found that reducing the prevalence of smoking to the levels suggested by the Healthy People 2010 initiative would prevent 7.1 million premature deaths after the year 2010.

In 2005, three-quarters of Guam's high school youth reported having tried smoking and 30.8% were a current cigarette user. More high schoolers reported ever trying cigarette smoking than

alcohol or other drugs.

Current smoking among youth on Guam parallels adult smoking rates. Of note, a greater percentage of Guam youth started smoking before the age of 13. Males were more likely than females to report smoking a whole cigarette before age 13, by a margin of 27.5% to 24.5%.

Current smoking appears to be decreasing for high school students, although not to the full extent of the decrease seen among U.S. youth. The largest decline was in 2003, when tobacco taxes were raised from $0.07 per pack to $1.00 per pack.

With regard to chewing tobacco, snuff or dip, 10.6% of Guam's youth used chewing tobacco, snuff or dip on one or more days during the past 30 days, with males (15.4%) reporting a higher percentage than females (6.6%).

The 1st Annual PEACE Conference was held on June 26, 2006 at the Guam Hilton Hotel with over 250 attendees. The purpose of the one day conference was to present Guam's first ever PEACE Epidemiological Profile on alcohol, tobacco and other drug related data and to solicit community dialogue and feedback. Attendees were from the community-at-large, as well as service providers from government, private, NGOs and faith-based organizations who were interested in establishing effective, evidence-based prevention and early intervention strategies in their villages.
//2008//

/2009/ When asked if they have ever tried a cigarette, 69.7% of Guam's high school students that they had. By grade ninth graders 64.4% had tried, 10th graders 70.7% had tried, 11th grade 70.6%, and 12th 77.2% had tried a cigarette by a puff or two.

Guam's high school youth reported 17% were a current cigarette user. Males (17.8%) students more than females (16.2%) More high school students reported ever trying cigarette smoking than alcohol or other drugs. //2009//

/2010/

The MCH Program has always been networking with the Guam Public School System for years, we have been working together with the "Youth 4 Youth" Conference and with Guam Comprehensive Cancer Steering Committee. GPSS conducts the YRBS survey every other year, so our data we will use in this grant will be the 2007 survey results. //2010//

IV. Priorities, Performance and Program Activities

A. Background and Overview

/2007/ The Office of Maternal and Child Health Services, Division of Public Health, Department of Public Health and Social Services, is the "single state agency" for Maternal and Child Health on Guam. The Office plans, promotes and coordinates an island wide system of comprehensive health services for women, infants, children, adolescents and families of children who have special health care needs. The Office is known for longstanding community partnerships between the public and private sector, which has ultimately resulted in, improved health status and access for maternal and child health populations.

The Office of Maternal and Child Health Services, in collaboration with multiple agencies, family groups, and individuals, has determined several needs across the service system. The needs, as identified, have been linked to Healthy People 2010 Objectives when possible and are listed by targeted populations; i.e. perinatal, children, adolescents, and children with special health care needs.

The annual assessment of the progress on the National and State Performance Measures provides reassurance in some areas that progress is being made and at the same time points out specific areas that efforts needed to be addressed or intensified to make improvements. Nonetheless, we still feel confident that the priority needs that were developed and the approaches we have initiated to address those needs will have the positive outcomes we seek, in spite of the large proportion of high-risk mothers and children on Guam.

There are many factors that impact the health delivery system on Guam. The Guam Department of Public Health and Social Services seeks to improve the health and well being of all Guam residents through a myriad of programs and activities. In addition, its priorities include building the public health infrastructure on Guam and addressing bioterrorism. Within this context the Maternal and Child Health (MCH) Program focuses on the well being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families, addressing in particular the priorities identified in the MCH 2005 needs assessment.

The island of Guam is located in the Pacific Ocean approximately 1,200 miles east if the Philippine Islands at 13º 28' north latitude and 144 º45' east longitude. Guam is part of an underwater range of mountains running southward from Japan. Situated in the Western Pacific, across the international dateline, it is the largest of more than 2,000 islands scattered between Hawaii and the Philippines. Guam is the southernmost and largest island in the Mariana archipelago with a total land area of approximately 212 square miles. The island is 30 miles long and has a width varying from approximately 8.5 miles in the north, to 4 miles at its center, to 11.5 miles in the south. Active reefs and 12 small, uninhabited limestone islands surround the island.

Guam's tropical climate features warm temperatures and high humidity throughout the year. There is a marked seasonal variation in rainfall, with July through December the rainy season, although some rain occurs during the dry season. March is the driest month, with an average of less than 2.5" of rain. The average humidity varies from an early morning high of 86% to an afternoon low of 72%. The atmosphere's high moisture content during the wet season, combined with the warm temperatures, contributes to the rapid deterioration of man-made materials through rust, rot, and mildew.//2007//

/2008/ The new/revised list of priority needs for Maternal and Child Health on Guam encompasses all levels of the MCH health services pyramid and in some cases, span the pyramid levels. Throughout the process of selecting the priority needs, participants preferred that the priority needs be looked at as "opportunities for improvement" that should be looked at in equal importance. The priorities that follow and the specific performance measures related to

each stem specifically from areas of unmet needs on Guam.

The following are Guam's Maternal and Child Health priority needs for the next five years:

1. To decrease infant mortality and morbidity, preterm births and low birth weight.
2. To decrease mortality and morbidity among adolescents.
3. To decrease intentional and unintentional injuries in the MCH population.
4. To increase care coordination and public awareness for children with special health care needs.
5. To reduce unintended and intended adolescent pregnancies.
6. To reduce unhealthy and risk-taking behavior among adolescents.
7. To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.
8. To assure that all children with special health care needs have a medical home for comprehensive, primary and preventive health care with coordination of all health and support services.

Justification and Changes in the State Capacity

The eight priority needs were selected through consideration of the quantitative data provided by the analysis of current data. The data were organized by the population groups of maternal, infant, child, adolescent and children with special health care needs. Qualitative data were also obtained through the stakeholder process, which considered needs by population groups. The stakeholder input qualitative data were particularly helpful in identifying emerging issues of care for specific population, e.g. adolescent health issues.

It is well known that the adolescent years present challenges to maternal and child health. While teenagers are for the most part healthy and active, they may engage in risk-taking behaviors that can result in severe injury, loss of life or behaviors that lead well into adulthood.

A number of factors over the past year have greatly influenced Guam's Title V Maternal and Child Health (MCH) Program and the State Priorities that were identified in the 2006 Grant Application/Needs Assessment. The coming years will be a time to reflect on the selected priorities and focus the direction of the Maternal and Child Health Program.

The initial factor impacting the MCH program and its population groups is the U.S. military has been planning for several years to close the Marine Base in Okinawa, and make other changes in its strategic posture in the region, and has selected Guam as the new home for the Marines and other service groups.

The second major factor is beginning in Fiscal Year '08, Government of Guam employees, retirees, survivors and dependents enrolled in the Governments medial health insurance will only have but one choice in a service provider. //2008//

/2010/The island of Guam is a home to an estimated population of 175,877 people (CIA World Fact Book). Guam is a multi-ethnic, multi-cutural, and multi-lingual community comprised of 37% indigenous Chamorros, 26% Filipinos, 7% Caucasians, 7% from the Freely Associated States of the Micronesia and the Republic of Palau, and 23% representing other ethnic groups. The most recent census data available for Guam (Census, 2000), reports that in 1999, 32% of children under the age of 5 were living in poverty. This an increase of 68% over the number reported in the 1990 census. This trend is expected to be reflected in the 2010 Census. Guam's Department of Public Health and Social Services (DPHSS) reported that in 2000, 4,283 persons on Guam received public assistance. By 2005, this number had increased to 15,764. Guam's unemployment rates also continue to grow at rates higher than the U.S. rate. In March 2006, the unemployment rate was 6.9%, nearly 50% higher than the 2006 U.S. rate. Given the global and local economic situation, this trend is likely to continue. And a recent article in the Pacific Daily

News(January, 2009) reported that between October 2007 and September 2008, a total of 574 families were turned away from one of Guam's homeless shelters because they had no space. Equally disappointing is a 54% increase in the number os single, female head of household families have risen, since children growing up in these households are less likely to have access to the same resources as children from two parent families (Annie E. Casey).
In 2008, Guam's military population is 19,360, representing about 11% of Guam's overall population. However, the military population on Guam is expected to exceed 44, 570 over the next five years, due to the relocation of U.S. Marines from Okinawa. This transfer is expected to take place within the years 2010-2014 and will cause an unprecedented 25% increase to the island's overall population. This buildup by the Department of Defense for the Island of Guam, hence, been categorized as the largest military buildup in the history of the U.S. Armed Forces.//

B. State Priorities

/2007/ Guam's Title V Program created the original Title V listing of priority needs for the 2000 Block Grant Application submission. The listing of the priority needs was based on the 1999 Needs Assessment of the MCH population, review and analysis of other programs/agencies needs assessments, and staff discussion. The priority needs that were developed were: 1) to decrease adolescents substance use; 2) to decrease child abuse and maltreatment; 3) to reduce cervical cancer among childbearing age women; 4) to decrease the incidence of youth violence; 5) to decrease the incidence of STD's; 6) to decrease youth tobacco use; and 7) to develop a system of care for children with special health care needs.

Improving the health status, the well-being and quality of life for Guam's women, infants, children and adolescents is a great challenge for the Guam MCH Program. In reviewing the performance measures, it may be perceived that there was a focus on youth. It was felt that this focus is a significant contributing factor to the island's outcome with respect to many of the National performance and Outcome measures.

Since the identification of these priorities, MCH has been involved in discussions regarding how to further address these priority areas as MCH prepares to accomplish it's five year Needs Assessment, while at the same time looking at the big picture in identifying the health status and needs of the MCH population

The five-year Needs Assessment identifies the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for children with special health care needs. With each year's Block Grant Application, a list is provided of the maternal and child health needs in the State. Below is the Guam identified Priorities with the related Performance and Outcome measure. The numbers that are listed are for tacking only and do not indicate priority order.

State Performance Measure # 1 -- To reduce the percent of pregnant women who received no prenatal care.

Priority area- To decrease infant mortality and morbidity, preterm births and low birth weight.

MCH Pyramid level- Direct health care.

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure #2 -- Proportion of low-income women who receive reproductive health/family planning services.

Priority area -- To decrease infant mortality and morbidity, preterm births and low birth weight.

MCH Pyramid level- Direct health care.

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate

State Performance Measure # 3 -- To decrease the percentage of women who use alcohol, tobacco and other drugs during pregnancy.

Priority area -- To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure #4 -- Reduce the incidence of maltreatment of children younger than age 18.

Priority Area -- To decrease intentional and unintentional injuries in the MCH population.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate.

State Performance Measure # 5 -- The prevalence of intimate partner violence in adolescent relationships.

Priority Area -- To decrease mortality and morbidity among adolescents

MCH Pyramid level -- Enabling services

Related Outcome Measures -- Child/adolescent death rate

State Performance Measure # 6 -- The percent of Guam high school students who have engaged in sexual intercourse.

Priority Area -- To reduce unintended and intended adolescent pregnancies.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate

State Performance Measure # 7 -- The percent of Guam high school students who are overweight.

Priority Area -- To reduce unhealthy and risk-taking behaviors among adolescents.

MCH Pyramid level -- Population-based services

Related Outcome Measure -- Child/adolescent death rate

State Performance Measure # 8 -- To decrease adolescent substance use.

Priority Area -- To decrease mortality and morbidity among adolescent; to reduce unhealthy and risk-taking behavior among adolescents.

MCH Pyramid level -- Enabling services

Related Outcome Measure -- Child/adolescent death rate

State Performance Measure # 9 -- Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.

Priority Area- To assure the all Children with Special Health Care Needs (CSHCN) have a medical home for comprehensive primary and preventive health care with coordination of all health and support services.

MCH Pyramid level -- Infrastructure-building services

Related Outcome Measure - Infant mortality rate, child/adolescent death rate. //2007//

/2008/
The new/revised list of priority needs for Maternal and Child Health on Guam encompasses all levels of the MCH health services pyramid and in some cases, span the pyramid levels. Throughout the process of selecting the priority needs, participants preferred that the priority needs be looked at as "opportunities for improvement" that should be looked at in equal importance. The priorities that follow and the specific performance measures related to each stem specifically from areas of unmet needs on Guam.

The Priority Areas are:

Priority area- To decrease infant mortality and morbidity, preterm births and low birth weight.

MCH Pyramid level- Direct health care.

Research has established a high correlation between the incidence of low birth weight babies, infant mortality and specific socio-economic and demographic factors. These factors include, among others, race, poverty and the availability and utilization of prenatal care services. Prenatal care rates on Guam have been improving, but no associated drop immortality rates have been seen. The MCH Program works within the public health system to provide prenatal care when private providers will not see patients, usually due to insurance status.

A comprehensive prenatal history and a thorough physical examination are the best tools that help in the identification of the pregnant women at risk of premature delivery. In 2005, there were 47 infants born that weighed less than 1500 grams and there were 291 infants born that weighed less than 2500 grams.

The Title V Program provides pregnancy risk assessments for all eligible women. The risk assessments identify and then attempt to educate all pregnant women identified as being at risk for poor pregnancy outcomes. Pregnant women are routinely referred to the WIC Program.

Title V conducts an Early Prenatal Counseling Class (EPCC) that provides education and information to pregnant women and their partners on the adverse effects of alcohol, drug and tobacco usage during pregnancy.

Title V plans will be to address several risk factors that may lead to a premature delivery. Among others, these include, but are not limited to:

• Promote the importance of early and continuous prenatal care not only among consumers, but also among providers.
• Identify and address personal and health care system barriers.

Priority area -- To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.

MCH Pyramid level -- Population-based services

Smoking during pregnancy is clearly linked to fetal and infant deaths. Infants born to mothers who smoke while pregnant have three times the risk of Sudden Infant Death Syndrome (SIDS). In addition, smoking can result in low-birth weight and premature birth. According to a report from the Surgeon General eliminating smoking during pregnancy could prevent 20% of low birth weight births, 8% of preterm births and 5% of all prenatal infant deaths.

In 2003, Guam had the highest smoking prevalence rate among U.S. territories (34%), compared to low smoking rates in Puerto Rico (13.6%) and the U.S. Virgin Islands (10%).21 The markedly higher smoking rate in Guam is likely attributable, in part, to the tobacco industry's aggressive international marketing campaign to increase smoking in Asia and the Pacific.

Reducing racial and ethnic disparities in tobacco use will require comprehensive tobacco control programs, especially focused on preventing minorities and the poor from starting to smoke, helping them quit using all tobacco products, reducing exposure to secondhand smoke, and limiting the impact of tobacco advertising and marketing in minority and disadvantaged areas.

While the ICC Caucus supports the CDC's funding guidelines recommendations for programs in all 50 states and the District of Columbia,15 the American Cancer Society reported in 2004 that only four states --Colorado, Delaware, Maine and Mississippi -- had invested at least the recommended amount for tobacco control programs.11 Thus, much still needs to be done to reduce tobacco use and exposure.

A Smoking ban in all dining establishments on Guam is now fully in effect after the Supreme Court of Guam dismissed the appeal of former attorney general Douglas Moylan and affirmed the constitutionality of the Natasha Protection Act. Affirming an earlier decision of the trial court, the Supreme Court said that the Natasha Protection Act is enforceable and not unconstitutional as earlier argued by the former AG.
With this development, Atty. Mike Phillips said smoking is now prohibited 24 hours in all restaurants. Bars that exclusively serve alcohol are not covered by the smoking ban while the regulation does apply to bars that double as restaurants. Smoking would be allowed in such establishments between 10 p.m. and 4 a.m., provided they "employ an appropriate smoke ventilation device." Establishments to be found violating the Natasha Act will be cited by law enforcers. The Natasha Protection Act was named after the teenage cancer patient Natasha Perez who died last year.

Substance abuse is harmful to fetal development and child health. Fetal development is a sensitive period during which substance exposure can lead to lifelong physical and neurological disabilities. Infants born to substance using women can begin life experiencing physical dependency and withdrawal. Many experience poverty, neglect and poor parenting skills in the hands of a caretaker who is actively abusing alcohol and/or substance.

Despite prenatal advice on not smoking or using other substances during pregnancy, substance abuse during pregnancy on Guam has risen significantly. In 2004, there were 3,427 total births on Guam with 512 (14.4%) women reporting smoking during their current pregnancy. In 2005, there were 3,203 total births with 447 (13.7%) women reporting smoking during their current pregnancy.

Priority Area -- To decrease mortality and morbidity among adolescents

MCH Pyramid level -- Enabling services

Priority Area -- To reduce unhealthy and risk-taking behaviors among adolescents.

MCH Pyramid level -- Population-based services

Motor vehicle crashes are a leading cause of death among youth, especially teenagers. Approximately three in every ten person in the United States will be involved in an alcohol-related motor vehicle crash in their lifetime. Fatal injuries caused by motor vehicle crashes in which a driver, occupant or non-occupant was under the influence remains a serious problem. At all levels of blood alcohol concentration, the risk of involvement in a motor vehicle crash is greater for teens than for older drivers.

Coalition 21 is a local organization promoting raising Guam's legal drinking age from the age of 18 to 21 years. In the past, initiatives to increase the legal drinking age have been met with strong opposition because of the possible effect on the island's economy. The Guam Hotel and Restaurant Association publicly opposed initiatives in recent years due to age employment issues.

I Pinangon means "awakening" in Chamorro and signifies the programs primary goal of raising awareness of the problem of youth suicide in our community.

The Program supports and works in alignment with the National Strategy for Suicide Prevention. Furthermore, the program serves as a resource facility to students, their families, faculty and staff of the University of Guam. Informational materials include pamphlets, brochures, wellness guides, and community resource directories as well as a website: www.uogsuicideprevention.org.

Obesity is a leading cause of preventable death in the United States and is second only to tobacco use. Childhood obesity is a national epidemic.

The cause of the childhood obesity epidemic are numerous, but it is clear that the dramatic change in lifestyles -- resulting in increases energy intake and decreased energy output -- over the last decades is largely responsible. Bigger portion sizes, intake of high-fat fast foods, and energy dense drinks such as soft drinks have contributed greatly to the increased caloric intake and reduction in physical activity. The increase in sedentary activities such as television, video and computer use has contributed to the decrease in energy output.

According to a review of the literature, children, like adults, benefit from regular exercise and healthy eating habits. The growing body of evidence indicates that the antecedents of many adult health problems begin in childhood. The U.S. Department of Education provides guidelines and academic standards in Health, Safety and Physical Education; the No Child Left Behind Act does not currently classify physical education as a core component.

According to the 2005 Guam YRBS, 15.8% of students were at risk for becoming overweight. Overall, the prevalence of being at risk for becoming overweight was higher among 9th grade (17.9%) than 12th grade (14.7%) students and higher among 9th grade male (18.8%) than 10th grade male (14.88%) and 11th grade male (14.5%) students. On Guam, 7.8% of students had vomited or taken laxatives to lose weight or to keep from gaining weight during the 30 days preceding the survey. Overall, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was higher among female (8.6%) than male (6.9%) students.

Lieutenant Governor Dr. Michael Cruz, who has been a long time practicing physician on Guam, announced the prioritization of the Healthy Guam Initiative during his inaugural address. This Initiative will involve the Lieutenant Governor's direct oversight and will involve leaders from both

the public and private sectors, as well as community shareholders. He expressed commitment in time, effort and resources to implement strategies to foster healthier lifestyles and create policies to promote wellness.

According to Oral Health America: A report of the Surgeon General, oral disease in the United States are a "silent epidemic" that has a disproportionate effect on minorities, children, the elderly and the disabled. Each year, fewer than 20% of children covered by Medicaid receive preventive dental screenings, although these screening are mandated through the Early and Periodic Screening, Diagnosis and Treatment program.

The Dental Health Program of the Department of Public Health and Social Services was awarded a grant through the Health Resources and Service Administration (HRSA) to: 1) encourage pediatricians and general practitioners who are employed by Public Health to apply fluoride varnish on their child patients who come for their well-child visits; 2) physicians at Public Health are trained to perform oral health screenings and how to detect caries; 3) parents enrolled in the WIC Program will be given dental health education while their children receive a fluoride varnish treatment; and 4) children in the Head Start Program will receive dental health education and fluoride varnish applications.

An ideal dentist to population ratio would be 1:1,500; however, it is not a realistic goal for Guam given the lack of government funding and support for such a ratio. The Guam to population ratio is 1:2,500. However, this includes private practice dentists. These private practice dentists focus on higher income and insured patients. Low income and uninsured clients do not have access to dental care and the rate of caries remain excessively high. Low-income children are served through the Public Health dental clinics. There are presently 2 dentists employed at Public Health. The Guam Public Health dentist to population ratio is 1:75,000.

Using data as a framework to identify problems and detect trends in the overall population as well as in the island's subpopulations, policies and programs can be developed or enhanced to address issues impacting health on Guam. In some cases, the lack of available and useful data from programs focused on MCH health conditions and disease impact for this target population makes it difficult at the program level to monitor and assess the effectiveness of services.

Prenatal data describes trends and characteristics of low birth rates on Guam. Evaluation of available data allows the identification of factors that contribute to the continuing disparities in low birth weight, pre-term births, pre-natal care and access to health care.

The lack of available and useful data from many programs makes it difficult at the program level to monitor and assess the effectiveness of activities. This also diminishes opportunities to assess the overall effectiveness of initiatives at the aggregate level and to use this data to inform planning and resource allocation. //2008//

/2010/
The Guam's MCH Priority Needs that was stated for Guam's MCH Program is to build and improve on are listed and the related Performance Measure, and Related Outcome Measure, and MCH Pyramid level are also included.
1. To decrease infant mortality and morbidity, preterm births a low birth weight. The DPHSS with the BFHNS and BPCS are together to continue to prenatal care at all Health State Performance Measure # 1 -- To reduce the percent of pregnant women who received no prenatal care.

MCH Pyramid level -- Direct Health Care

2. To continue to educate on Family Planning methods and dangers of STD's to adolescents at risk. The Family Planning is one successful program within the Department; they have been visible in most of the middle and high schools, both in public

and private schools on Guam.
State Performance Measure #2 -- Proportion of low-income women who receive reproductive health/family planning services.
MCH Pyramid level- Direct health care.

3. To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect. To provide training to staff and providers on these issues mention above. To continue to provide literature and other resources needed for clients who might be at risk at all health centers and outreaches.
State Performance Measure # 3 -- To decrease the percentage of women who use alcohol, tobacco and other drugs during pregnancy.
MCH Pyramid level -- Population-based services

4. To decrease intentional and unintentional injuries in the MCH population. The Early Prenatal Care Class will continue to emphasis safety at all times for the client, family, and home.
State Performance Measure #4 -- Reduce the incidence of maltreatment of children younger than age 18.
MCH Pyramid level -- Population-based services
(Priority need # 1, 2, 3, and 4 all have the same Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate).

5. To decrease mortality and morbidity among adolescents. BFHNS staff will continue to be aware of signs of Distress with adolescents. To continue to network with the Department of Youth Affairs, and GMHSA (PEACE Project), the Division of Child Protection Services. State Performance Measure # 5 -- The prevalence of intimate partner violence in adolescent relationships.
MCH Pyramid level -- Enabling services
Related Outcome Measures -- Child/adolescent death rate

6. To reduce unintended and intended adolescent pregnancies. To continue to educate on Family Planning methods and dangers of STD's to adolescents at risk. State Performance Measure # 6 -- The percent of Guam high school students who have engaged in sexual intercourse.
MCH Pyramid level -- Population-based services
Related Outcome Measure -- Infant mortality rate, neonatal mortality rate, post neonatal mortality rate, perinatal mortality rate, child death rate and low birth weight rate

7. To reduce unhealthy and risk-taking behaviors among adolescents. To continue to coordinate sessions with the "Youth 4 Youth" conference dealing with Maternal Child issues. State Performance Measure # 7- The percent of Guam high school students who are overweight.
MCH Pyramid level -- Population-based services Related Outcome Measure -- Child/adolescent death rate

8. To decease mortality and morbidity among adolescent. Again as stated on the above priority area to continue to coordinate, conduct educational sessions, and be an adolescent resource person on adolescent services within the department and other programs. State Performance Measure #8- To decrease adolescent substance use. MCH Pyramid level - Enabling services //2010//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	80	85	90	100	100
Annual Indicator	75.1	4.2	4.6	0.0	100.0
Numerator	2574	136	133	0	27
Denominator	3427	3203	2914	3501	27
Data Source					DPHSS NBS Program, GMHA, Sagua Mangue screenings
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

The Guam Newborn Metabolic Screening Program has been stagnant without any follow-up tracking system in place. While this is unfortunate, the bureau has taking an active role in building system capacity by actively collaborating with GMHA and Sagua Manaugu birthing centers to ensure all newborns on Guam receive a Newborn Metabolic Screening Test.

The bureau temporarily detailed the Guam Family Planning Coordinator III to assist in ensuring all MCH program activities and services continue to be are afforded to our MCH population. The first order of this detail was to develop a mechanism to track Presumptive (1st Screening) Newborn Metabolic ABNORMAL (Positive) Laboratory Tests, and to ensure that these Repeat tests (2nd Screenings) as ordered by the Medical Advisor are followed through, captured, and monitored for all newborns on Guam. Without hesitation, the FP Program Coordinator-III designed, generated, and implemented a Newborn Metabolic Screening database using Microsoft ACCESS.

Today, the MCH Newborn Metabolic Screening Program is able to capture babies receiving these tests along with appropriate medical tracking review as ordered by the Medical Advisor. These Presumptive (1st Screenings) and Confirmed (2nd Screening) Positive tests when received from the GMHA Laboratory are sorted out, entered into the Newborn Metabolic Screening Report Database. Once the computer entry is complete, a computer system follow-up form is generated and prepared for the Medical Advisor's review and further appropriate action as required.

Data System tracking begins with the MCH Program Monitor by entering all ABNORMAL Laboratory Tests (1st Screening -- Presumptive), and (2nd Screening - Confirmed) Repeat Tests into the Newborn Metabolic Screening Database. Generate a Newborn Screening Report for review by the Medical Advisor. These tests upon the review and further disposition from the Medical Advisor are receipt once again by the MCH Program Monitor. Should a confirmatory (2nd Screening) Repeat Lab Test is ordered, the bureau's Island Wide District Nurses are

ordered to locate those new Mothers to bring their newborn baby to GMHA Lab where Blood Tests are drawn for that particular blood disorder, and sent off to the Colorado Department of Public Health and Environment Laboratory Services Division.

Repeated Tests (Abnormal 2nd Screenings) when received by GHMA Lab are forwarded again to the MCH Program Monitor for system tracking. These tests are once again entered into the Newborn Screening Report Database for follow-up purpose. Newborn Screening Results are forwarded to the Metabolic Medical Advisor for further/final disposition. A Newborn Screening Report review form is generated for the 2nd Screening (Confirmatory) Laboratory test and made available for the Medical Advisor. A Doctor's appointment is scheduled as ordered by the Medical Advisor.

All ABNORMAL (Confirmed Positives) are maintained in an expandable file system by type of disorder and Date of Birth. These tests are easily retrieval and serves as a backup system of the Newborn Screening Program Database.

All NORMAL Newborn Screening Reports are filed without further action by baby's Date of Birth, by Calendar Year, in an Expandable Medical File, and maintained for future reference purposes.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The MCH program has developed a computer tracking database to ensure all positive (abnormal) Newborn Screening Lab tests are captured of babies requiring timely follow up.		X		
2. Work with birthing centers (GMH, Sagua Managu, SDA Clinic), and village Mayors to improve locator information for newborns requiring repeat tests.	X			
3. Continue active collaboration with the Western States Genetic Services, and all birthing centers on Guam to ensure all babies born on island receive a Newborn Screening test.	X			
4. Continue to improve the Newborn Screening Program data collection effort. Finalize Newborn Screening Program Policy and Procedures.	X			
5. Order/develop Newborn Metabolic Screening educational materials for public dissemination. Conduct Public Service Advertisments (PSAs).			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The following activities will remain in place at present structure and continued active collaboration with other agencies with similar services will continue.

- Continue to work with GMHA and Sagua Manaugu birthing centers to ensure all babies on Guam receive a Newborn Metabolic Screening Test.

- Continue to collaborate with Guam Early Hearing Program, UOG CEEDERS, and DPHSS Vital Statistics for improvement of data infrastructure and collection activities.

- Complete Standard Operating Procedures for the Newborn Metabolic Screening Program.

- Continue to fully utilize computer system tracking of all ABNORMAL Newborn Screening Reports.

- Actively work with the Metabolic Medical Advisor for the MCH Program for further improvement of follow up monitoring activities for all newborns on Guam.

c. Plan for the Coming Year

The plan for the coming year is to improve our follow-up efforts and tracking system.. Work closely will GMHA, Sagua, and Island Mayors to improve locating of these newborns. Most new Moms at GMHA are transit residents and makes are locating efforts difficult to make contacts with these new moms.

Work closely with the Western States Regional Genetics Services Collaborative to improve the health of children living in the western states and territories.

Establish and maintain the infrastructure need to support the Western States Regional Genetic services Collaborative activities.

Increase the capacity of the collaborating states and territory's public health agencies to perform their genetic-related assessment, policy development, and assurance functions.

Facilitate collaborative efforts among the region's genetic specialists, families, primary care providers, state genetic programs, state newborn screening programs, CSHCN programs, and others to complete the collaborative activities.

Improve access to clinical genetic specialty services for children with suspected or confirmed genetic conditions and congenital malformations.

Improve access to public health nurse care coordination services for children with heritable conditions.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	54.8	54.8	54.8	25.0	35.1
Numerator	548	548	548	306	613
Denominator	1000	1000	1000	1225	1748
Data Source					DPHSS MCH Program's CSHCN Registry
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over					

the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
/2010/
The Community Health were able to see approximately 848 children under the Early and Periodic Screening, Diagnosis and Treatment Program, and the Special Kids Clinic, that served some Children with Special Health Care Needs population.

The Special Kids Clinic has always been held within the three Health Centers for over 10 years, but these past 5 years it has been held at the Northern Regional Community Health Center because they had establish a primary Physician to oversee the Special Kids Clinic and they also form the Medical Home for this CSHCN population. The clinic is usually held twice a month (1st and 3rd Wednesday) for 12 months. The physician sees 4 clients in a 4 hour clinic schedule. Majority of the children seen have some sort of insurance either public or private health insurance.

Another special clinic that has been started by a concerned and motivation Neonatologist form GMHA is Dr. Manuel De Castro, since March 2007. Dr. De Castro approached the BFHNS Administrator working part-time at OB Nursery Unit at GMHA, can he volunteer a few hours to see the premature infants that are recently discharged. So we decided on a time of 4 hours a month at Central Regional Clinic every 2nd Wednesday for the "Premie Clinic" with Dr. De Castro. The clinic was held the same way has the Special Kids clinic but Dr. De Castro can see over 4 infants at a time.

The Shriner's continued their biannual visits on January 23-27, 2008 and on June 23 to 27, 2008. Both clinics had between 500 to 600 children seen. With their two visits, they able to hold one clinic day with Dr. Bollinger (Orthopedic) and one Telemedicine Conference Call with about 4 child at a time. They were also able to present an in-service session with the Guam Medical Society. Two Orthotic clinics was also held on March 10-13, June 26-30, and September 17-23, 2008.

The Genetics' team from Hawaii to schedule Health Insurance Meetings to provide support and emphasis for them to cover Health Insurance to the follow up Genetics testing to their consumers. Dr Seaver a Metabolic Genetics also visited and met with the Guam Newborn Screening team, which were the BFHNS Administrator, Maggie Bell the MCH PC IV, Dr. De Castro, Dr. R. Leon Guererro, and GMHA Lab Supervisor. They discussed our plan on restarting the Newborn Screening. They went over our policy, our tracking system and discussed with the physicians on how to manage the follow up of these infants that test positive with the Newborn Screening testing. The team also did an In-Service on Newborn Screening cases and treatment to the staff of DPHSS.

Another program that works closely with families with Special Health Needs, that is funded under the MCHB is "Project Tinituhon" (the Beginning, in Chamorro, "All Eyes on Five" is a collaborative project designed to plan, develop, implement, and maintain an island-wide, cross agency early childhood comprehensive system to support families and the community of Guam develop children who are healthy and ready to learn at school entry, For the past three years, the University of Guam Center for Excellence on Developmental

Disabilities Education, Research, has provided clients and families with training and support. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH staff and the DPHSS's staff that are dealing with CSHCN will continue working with partners and stakeholders to ensure that by 2010 the families with children with special health care needs (CSHCN) will at least have adequate or applying for publ	X			
2. CSHCN/MCH staff and other DPHSS staff that are also dealing with CSHCN will continue through family education to reinforce personal responsibility and appropriate use of health care resources	X			
3. 3. DPHSS Medical Social Workers, CSHCN staff, BPCS, BFHNS staff, and the DPHSS Public Welfare Assistance staff will continue to work with the families to increase utilization of preventive services such as EPSDT program, Immunization, and management	X			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The BFHNS, CSHCN staff, PEDS staff, MCH Medical Social workers, and other DPHSS staff will continue to work with families' access services to fit their needs and those of the child with a disability or chronic health care needs. Assist with identifying services that may needed, referral to proper agency or specialty, and assisting them to locating financial sources. Continue the coordination with SSHCN coordinator and MCH Social Worker to assist families to link to the medical team and treatment process through the specialty clinic both at Public Health or private clinics.

The BFHNS and the MCH/CSHCN Coordinator together with Medical Social Worker for BPSS are just starting to discuss how to work on a CSHCN Registry to gather all the regisiters in one main Registry with the MCH Program.

The DPHSS continues to coordinate and conduct Shriners' clinic, Shriners' Telemedicine Conferences, Hemophilia clinics, Special Kids clinic, and any other specialty clinics that arrive on Guam to assist our Children with Special Health Needs clients and their families.

Also collaborating with Project Tinithon on focus groups, trainings, meetings, and parent meetings related with our CSHCN population and issues.

c. Plan for the Coming Year

1. To continue to link these children with specialty medical services and continue the coordination with the child's medical home/primary care provider.

2. To continue to work with the families with private medical insurance by networking with them on Family Support groups and services, the emphasis to the coverage of these specific services and supplies are covered.
3. To continue to promote the medical home concept to Pediatricians and Family Practice physician to increase the level of awareness for children with disabilities.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	65	66	66	67	67
Annual Indicator	56.7	59.7	59.7	53.5	50.1
Numerator	548	814	814	655	876
Denominator	967	1364	1364	1225	1748
Data Source					CSHCN,Hemophilia, Shriners', nd Premie li registr
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	60	60	60	60	60

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
The BFHNS Community Health Nurses are the detectors with Children with Health care Needs because they are the assessors' s that when a child is within their services or outreaches, in which as assigned to conduct, they can identify a child with special needs just by conversation with them and the parents. They can see problems, feel for abnormality, and can test the child for high risk factors. They are keen to identifying children with special health needs. They first screen the child with a Developmental Screening chart, assess the history of pregnancy, infancy, and development growth. Then analysis the findings, schedule an appointment with the Public Health clinic, there the providers will refer if the child meets the criteria. CSHCN coordinator or MCH Social Worker can follow-up child and keep track on their progress. CHN staff is aware of CSHCN criteria, they are the eyes of the Community and the CSHCH case finders.

The Shriner's continued their biannual visits on January 23-27, 2008 and on June 23 to 27, 2008. Both clinics had between 500 to 600 children seen. With their two visits, they were able to hold one clinic day with Dr. Bollinger (Orthopedic) and one Telemedicine Conference Call with about 4 child at a time. They were also able to present an in-service session with the Guam Medical

Society. Two Orthodic clinics was also held on March 10-13, June 26-30, and September 17-23, 2008.

Another program that works closely with families with Special Health Needs, that is funded under the MCHB is "Project Tinituhon" (the Beginning, in Chamorro, "All Eyes on Five" is a collaborative project designed to plan, develop, implement, and maintain an island-wide, cross agency early childhood comprehensive system to support families and the community of Guam develop children who are healthy and ready to learn at school entry, For the past three years, the University of Guam Center for Excellence on Developmental Disabilities Education, Research, and service (Guam CEDDERS) through a subcontract with the Department of Public Health and Social Services (DPHSS) administered the early childhood comprehensive systems grant. The purpose of Project Tuinituhon" is to strengthen Guam's Comprehensive Early Childhood System through the enhancement and refinement of the planning, development, and maintenance of cross-agency collaboration. This early childhood comprehensive system aims to support families and to sustain developmentally appropriate environments where children thrive physically, mentally, socially, and cognitively. This project has been partnering with other programs with services that work children with special health needs. Meetings, Advisory sessions, workshops, and support group discussion, and in-services on Special Needs were conducted through 2008 with Project Tinituhon, GPSS, DPHSS, PEDS, Hemophelia, WIC, EHDI, and BOSSA.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue to link children with medically necessary specialty services and coordinate linkage with child's medical home/primary care provider.	X			
2. The CSHCN Program Coordinator and DPHSS Medical Social Workers will both continue to provide coordination of care to these childrens health care needs and refer them to other programs/agencies to meet their needs.	X			
3. Engage with other private physicians and specialty providers to negotiate a plan to provide certain clinical time to our CSHNC clients at our Guam's health centers.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Community Health was able to see approximately 848 children under the Early and Periodic Screening, Diagnosis and Treatment Program, and the Special Kids Clinic, that served some Children with Special Health Care Needs population.

The Special Kids Clinic has always been held within the three Health Centers for over 10 years, but these past 5 years it has been held at the Northern Regional Community Health Center because they had establish a primary Physician to oversee the Special Kids Clinic and they also form the Medical Home for this CSHCN population. The clinic is usually held twice a month (1st

and 3rd Wednesday) for 12 months. The physician sees 4 clients in a 4 hour clinic schedule. Majority of the children seen have some sort of insurance either public or private health insurance. The physician coordinates care with a Pediatric Early Detection and Services (PEDS) nurse and a Medical Social Worker. The team is there at every child scheduled to be seen, together they assess the child needs and plan for the interventions needed and follow up is done with the child's family. A returned visit is scheduled and the team together evaluates their interventions done with the child and is charted on the child's chart.

c. Plan for the Coming Year

To continue to coordinate care with all needed staff within the Special Kids Clinic, Hemophilia Clinic, and upcoming Genetics clinic in 2010.

To continue to link these children with specialty medical services and continue the coordination with the child's medical home/primary care provider.

To continue to work with the families with private medical insurance by networking with them on Family Support groups and services, the emphasis to the coverage of these specific services and supplies are covered.

To continue to promote the medical home concept to Pediatricians and Family Practice physician to increase the level of awareness for children and youths with disabilities.

To continue working ith the Homeless Coailition to identiy new casefinding.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	71	72	73	74	74
Annual Indicator	56.7	41.2	41.2	60.2	68.0
Numerator	548	562	562	737	1188
Denominator	967	1364	1364	1225	1748
Data Source					DPHSS MCH Pragram's CSHCN's Registry
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	80	80	80	80

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
The Shriner's Clinic both in January and June 2009 were both well conducted and a estimated 753 clients seen at the Guam Public Health Centers.

The monthly Special Kids Clinic held at Northern Region Community Health Center clinic with Dr. Dennis Sarmento the Pediatrician from the center, and they saw approximately about 46-50 clients.

The monthly Hemophilia Clinics were held at a Seventh Day Adventist clinic, outside of the Public Health Centers. These clinics were held for these Hemophilia with or without insurance, to assure the clients are managed and treated with a primary physician for their illness. Two of the BFHNS Community Health Nurses are assigned to assist the Hemophilia Program and provide nursing to their clients and families, seven days a week and 24 hours a day. These clinics are staffed with 2 nurses, 1 social worker, 1 physical therapist, and 1 physician. In 2008 the monthly Hemophilia clinics see about 72 clients and their families and this population is growing year by year.

The Genetics Clinic was not offered in 2008 but the Hawaii Genetics Team did come out to Guam but were scheduling meetings with private insurance companies to educate them on the importance of covering the cost for Genetic testing in newborns to prevent further complications and decrease cost on long term treatment. The team were pleased because the insurance companies did approve certain amount of testing to be covered by them this year.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to work as a CSHCN team with the BFHNS, BPSS, and the MCH CSHCN coordinator to participate in inter and intra agency committee, training, and work groups which focus on improving access to services for CSHCN.				
2. The BFHNS Administrator will continue the collaboration with WSGC, Shriners, and Hemophilia Foundation to continue the access to specialists through the use of telemedicine and specialty outreach clinics. MCH				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

A door-to-door Household Income and Expenditure Survey (HIES)conducted in 2005, found that 29.6% of c
hildren under the age of 18 and no form of health coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP) (DPHSS, 2009). The cost for health insurance on Guam has been on a rise for the past 10 years with employee contributions and deductibles increasing (i.e. deductibles

as high as $6000/year for a family of 4) and benefits decreasing. As a result, increasing number of families have elected to go without insurance.

Currently the Guam Community Health Centers have been seeing most of the MIP clients and a majority of the Medicaid clients. So in 2008 the CHC saw 8.876 of MIP clients, 14,109 of Medicaid clients, 5,044 of Uninsured/ No insurance clients, 620 of Private Insurances, and so out of the 30,835 the total of encounters the CHC provided services. MIP and Medicaid clients had about over half of the encounters used the Community Health Centers services.

c. Plan for the Coming Year

1. To continue to work with Guam's State Office for the MEdicaid and MIP programs to assist the CSHCN population to be accessible to apply for these programs.
2. Plan with other Bureaus and other programs to provide at least 3 Community-Based Outreaches to provide free health services for child, family health services to meet the needs of others.

Times New Roman

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	60.2	43.1
Numerator	1	1	1	737	753
Denominator	1	1	1	1225	1748
Data Source					Guam DPHSS CSHCN Program and BFHNS reports
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments

January 7-11 and June 23-27, 2008, the Shriners Clinic were held at the Central Regional Health Center and Dr. J. Bollinger had one outreach Clinic at his Office. Both clinics had Dr. Ono has lead Physician, with one other Orthodic Surgeon, 1 Nurse Practitioner, and two Outreach Staff. This year the Clinic was staff with BFHNS nursing staff and a Medical Social Worker, seeing over

300 clients within the week. The CSHCN Coordinator and the Community Health Nurses Supervisors were able to work together and the nursing staff was able to assess which clients were in their staffs caseload and were also able to refer certain clients to their needed services within Public Health system. The Shriner's staff were more involved with other staff within the Division of Public Health and agencies dealing with Shriners clients.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. The MCH CSHCN coordinator and MCH nursing staff continues to support the Department of Vocational Rehabilition (DVR) in their future activities.				X
2. The BFHNS staff will continue to member for the DDC to represent and advocate for our CSHCN education and lifestyle needs	X			
3. The BFHNS/CSHCN staff will continue to work with programs such as Guam Early Intervention Services, Project Tinituhon, Guam Early Council, antdGuam Public School System (GPSS) Division of Special Education, and the Bureau of Primary Care Services (BP	X			
4. To continue to work as a CSHCN team with the BFHNS, BPSS, and the MCH CSHCN coordinator to participate in inter and intra agency committee, training, and work groups which focus on improving access to services for CSHCN.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Shriners' Clinic and Telemedicine session are still being held twice a year, at the CRHC and Dr. Bollinger's Outreach Clinic.

Hemophilia Clinics are held every first Friday of each month, now at the Northern Community Health Center in Dededo, Guam, with Dr. Bernard Stupski as the New Hemophilia Medical Provider for the clients of the Hemophilia group.

The BPCS has launch a new outreach clinic with a Medical Provider present at the outreach at different High-risk areas on Guam. Two outreaches were done in 2008 with the BFHNS nursing assisting with Immunization and Health Education sessions. And for the up coming year there are plans for 4 outreach clinics scheduled , one clinic every quarter

The Hawaii Genetics' Team is in constant communication with the BFHNS Administrator, because she is part of the Advisory Committee with Dr. R. Leon Guererro. Conference calls are done every other month on the Region's Plan on improving services of Genetic screening within our region.

c. Plan for the Coming Year

. To work closely with MCH CSHCN coordinator to seek other new programs to upgrading our CSHCN registry that can link with other programs related to Birth certificates, hearing screening, newborn screening, WIC, and immunizations.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	60.2	10.2
Numerator	1	1	1	737	178
Denominator	1	1	1	1225	1748
Data Source					Data from CSHCN Registry and GPSS SPED
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
The Department of Public Health and Social Services have certain bureaus and programs working with the Guam Public School System with their transitional students leaving high school and moving into adult life. For instance with the Division of Public Health; the Shriners' Outreach Clinics held twice a year and seeing all children with Orthopedic or Skeletal health needs. Another is the Special Kid's Clinic held twice a month, every other Wednesday mornings with Pediatrician Dr. Sarmiento, who sees 4 schedule children at a time. Then with the Division of Public Welfare the Bureau of Social Services Administration, the Child Protective Services program provides social services to include adoptive services, foster care, home placement for children, abused or neglected, coordinated care services for children/youth with disabilities to severe emotionally disturbed.

The Guam Public School System has a division of Special Education that deals with these children, and how they monitor their services each child that enters GPSS with a special need is give a Individual Education Plan(IEP) to address the child's needs and goals done with GPSS. So out of 2183 IEP of the total amount of Special Needs students, 52 students are identified to be leaving the GPSS and graduating from High School and entering the Adult life transition. The CSHCN coordinator is aware of them and in some cases called to attend the students IEP exit sessions, to add to other resources or follow-up.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH /CSHCN coordinator an MCH nursing staff continues to support the DVR in their future activities.		X		
2. The BFHNS staff will continue to member for the DDC to represent and advocate for our CSHCN education and lifestyle needs.	X			
3. The MCH/CSHCN coordinator and BFHNS staff will start collaborating to attend meetings related to clients with CSHCN transtioning to adult life.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Currently CSHCN coordinator collaborates with the GPSS division of Special Education, Department of Integrated Services for Individuals with Disabilities (DISID), and with the Department of Mental Health and Substance Abuse-Project I Famaguon'ta, dealing with the present CSHCN Registry and CSHCH clients that are in high school with special health needs.

c. Plan for the Coming Year

1. To assist and collaborate with the Division of Vocational Rehabilitation (DVR), and GPSS finalize a new MOA to include Department of Mental Health and Substance Abuse, with the Child/Adolescent Services Division, I Famagu'on-ta, and the Department of Youth Affairs to expand the idea to provide services to transitioning students.

2. Also again to continue to assist the DVR to establish a MOU for Guam Community College to help facilitate students' transition to post-secondary education.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	75	75	75	75	75
Annual Indicator	20.8	23.2	23.5	23.5	34.6
Numerator	700	740	750	750	66

Denominator	3373	3193	3186	3189	191
Data Source					Guam Immunization Program WEBIZ
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	75	75	75	75	75

Notes - 2008
The Guam Immunization Program were not able to give a more exact numbers because the WEBIZ program and system has just stated in September 2008, so the data given is not an accurate amount of children between 19 -35 months that their immunization is up-to date. By next year the WEBIZ will have a more accurate numbers.

a. Last Year's Accomplishments
The Immunization Program within the DPHSS, held a WEBIZ training for both BFHNS and BPCS staff for their new tracking and Inventory program. Training was done at the department on September 15, 2008 and activated on September 19, 2008 at CRHC. Staff were worried that this process will slow the immunization process, but later see the value of it and it is much more helpful to the clinic,

The BFHNS nurses assisted in launching the School-Base Immunization on November 29, 2008 Middle school with Agenda Middle School, as a pilot study to confirm the idea that school health counselors are able to give required immunization at school.

The coordination of the Immunization Program and the BFHNS nursing staff continue to conducting the Monthly Nursing Immunization Outreaches, the Monthly WIC Immunization Clinic for the WIC clients, and the Annual Child Immunization Clinic at the Mall in April. These are a few immunization activities that the MCH staff and BFHNS staff continue to conduct to increase the immunization compliance with the children of Guam.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue to conduct Immunization outreaches and Immunization clinics within the Health centers, and continue to work with the Immunization program to plan other events to increase access of care to our children at-risk.	X			
2. To continue to conduct Immunization outreaches and to continue the WIC Immunization clinics and coordinate an electronic program to improve immunization access to WIC clients and improve data collection..				
3. To continue to work with other programs to meet the goal of wellness and prevention of diseases within our Public Health		X		

clients.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The Immunization Program is still collaborating with GPSS to add another school to assist in the pilot study on the School base program.

The BFHNS and BPCSS are still using the WEBIZ program and working on the pros and cons of the system.

The Healthy Mothers and Healthy Babies fair will still invite the Immunization to continue the annual fair and immunization outreach.

Conducted a Homeless Health Screening Outreach with Immunization offered at the site. The BFHNS staff held it on December 9, 2008, to continue to provide the children and adults in the homeless population.

c. Plan for the Coming Year
1. To continue to conduct Immunization outreaches with the Immunization Program and BPCS Extended Clinic Outreaches.
2. To continue to collaborate with the WIC immunization clinics.
3. To work with Immunization Program and Guam Public School System on their annul Outreach Fair and Headstart Program.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	24	23	22	21	21
Annual Indicator	27.7	26.1	0.0	26.7	12.4
Numerator	117	114	0	120	43
Denominator	4230	4365	4496	4496	3466
Data Source					DPHSS, GMHA, Child Link w/ Guam EHDI, Sagua Mangu
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5					

and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	20	20	20	20	20

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported on time but no other data was provided at this time.

GMHA also provide data on teenage mothers.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
The BFHNS and Medical Social Workers continue to partner in offering Early Prenatal Counseling Classes (EPCC) twice a month. These classes provide education on various health topics for pregnancy, nutrition, stages of pregnancy, exercise, danger signs, alcohol/drug abuse, and family planning methods child care.

The Family Planning program continues to educate the teenage client during their prenatal care visits and the community health continue to provide education on family planning methods, to promote bonding and healthy women's health.

The BFHNS nursing staff and Family Planning coordinator III have conducted Reproductive presentation at different high schools and middles school throughout Guam. Presentation included Male and Female topics, healthy lifestyle changes, information and statistics on STDs among the teenage population.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to provide Adolescent Health presentations to the different GPSS middle and high public schools throughout the island.	X			
2. To continue conducting the EPCC twice a month to promote safe prenatal care to pregnant women within the Public Health system.		X		
3. DPHSS staff To continue to encourage pregnant teens to attend the Parenting classes held every three months at CRHC.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

To continue to be involved in the Annual Youth 4 Youth Conference to promote Adolescent Health

To work with Nurse Practioners to conduct a Adolescent Health Class within the High Schools.

c. Plan for the Coming Year

To continue to work wih GMHA, and work with Socioal woker on EPCC classes and GPSS.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	46	47	48	49	49
Annual Indicator	100.0	30.0	30.0	31.1	
Numerator	1	991	991	991	
Denominator	1	3307	3307	3184	
Data Source					Pending GMHA and DPHSS Dental program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5					

and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	40	40	40	40	40

Notes - 2008
TheChief Dental Officier reported that their program does offer sealents to 3rd graders, because that program no longer provides that services. DPHSS Dental but are presently offering Floride Varnish to children attending Day Care Centers.

2007 Data entry for this measures, the BFHNS Administrator .is not aware of where the data was from.

a. Last Year's Accomplishments
The BFHNS and the Bureau of Dental services have been joining forces when the BFHNS schedules any Immunization Outreach, any Health Fairs, any Agency health screenings, Homeless Health Screening outreaches and annual Children Immunization Outreaches. The Dental Services offer their "Fluoride Varnish Program" during these events. It's a preventive approach to decreasing dental decays with children 0-6 years of age. The Dentist on duty accompanies the dental staff at these outreach to assess any high-risk children and promotes Good Dental Hygiene.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Thw DPHSS Dental clinic will continue to provide Fluoride Varnish services to all children qualified at different day cares, pre-schools and elementary schools.	X			
2. To continue to invite the DPHSS Dental clinic to join the BFHNS staff in all their monthly Village Immunization Outreaches.	X			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
1. To continue to be involved in all DPHSS Health Screenings and Immunization Outreaches.

2. To work with Dental to continue to work with their Varnish program.

c. Plan for the Coming Year
1. To continue to invite the Dental program to all schedule Immunization outreaches and Health Fairs.
2. To continue to promote Dental Hygiene to all our MCH clients and complete referral if needed.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	2	2	2	2	2
Annual Indicator	24.3	0.0	0.0	0.0	16.1
Numerator	12	0	0	0	8
Denominator	49426	49532	49606	49606	49555
Data Source					Estimated from the 2000 Census of Populations Gusm
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	2	2	2	2	2

Notes - 2008
There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total number of children age 14 and younger for 2008 were reported on time but no other data was provided at this time.

But an estimated amount of children between the ages of 14 years and younger are from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The amount of 14 years and younger deaths were not available at this time.But the children 14 years and younger were reported by Office of Highway Safety Office.

a. Last Year's Accomplishments
The Department of Public Health and Social Services, Bureau of Family Health and Nursing Services teamed up with Department of Public Works, Office of Highway Safety to train 4 Community Health Nurses to become child passenger safety technicians. They were trained by the National Highway Transportation Safety Administration (NHTSA) child passenger safety instructors and are now nationally certified to educate parents on the importance of child restraint systems. In addition, the Community Health Nursing Supervisor was also trained as the only NHTSA certified instructor on Guam. She coordinates and oversees the certification and instruction of the island's certified technician program on Guam.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue to involove our BFHNS staff to participate in the various Child Passenger Safety Education sessions throughout	X			

the community, (i.e., health fairs, parent teacher conferences, school health counselor's annual conferences).				
2. The Community Health nurses will continue to conduct Postpartum Newborn Visits within their village caseload to promote child safety awareness.		X		
3. The BFHNS staff and nurses will continue to participate with other agencies involved with the Office of Highway Safety in year round activities like, the Child Passenger Safety Trainings, Child Passenger Safety Community Education Classes with GMHA.	X			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

To date the Community Health Nurses have participated in the following activities:

- Child Passenger Safety Training, January 2008, 2 Nurses, Saipan
- Child Passenger Safety Training, August 2008, 2 Nurses, Guam
- Transporting Children with Special Needs, September 2008, Indiana
- Child Passenger Safety Community Education Classes, February 2008, GMHA Nurses and Public Health Nurses
- Child Passenger Safety Carseat Checkup Stations-August 2008, CostULess ; September 2008, Agana Shopping Center;
- Child Passenger Safety Fair, GPO, September 2008
- Child Passenger Safety Education, Postpartum Newborn Visits, 810 couplets

c. Plan for the Coming Year

- Apply for permanent fitting station to distribute car seats to needy families
- Send other Nurses for child passenger safety technician training
- Send other Nurses for Transporting Children with Special Needs Training
- Conduct more outreaches for car seat inspections.
- Conduct more community education classes.
- Send CPS Instructor for continued training in instructor development.
- Active participation with Office of Highway Safety Partners for Highway Safety Coalition for public education activities
- Active participation with Guam Police Department for joint CPS activities-outreach, enforcement, education, and trainings.
- Active participation with the Emergency Medical System for Children Program for public education activities and trainings
- Active participation with Injury Prevention Team, Department of Public Health and Social Services, for public education and outreach activities.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and	2004	2005	2006	2007	2008

Performance Data					
Annual Performance Objective			90	90	90
Annual Indicator	0.0	0.0	0.0	0.0	36.1
Numerator	0	0	0	0	469
Denominator	3427	3203	3414	3501	1298
Data Source					DPHSS WIC program, BFHNS reports,Sagua Mague
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2008
The data presented are from DPHSS BFHNS Postpartum/Newborn Referrals from Public Health clients at Guam Memorial Hospital Authority.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
Women breastfeeding in the WIC Program

Jan 08	25%
Feb 08	25.9%
Mar 08	27.5%

APR 08-SEP 08	No stats
Oct 08	23%
Nov 08	22.9%
Dec 08	23.8%

Sagua Managu
343 out of 488 mothers breastfed during 2008, 70%

Guam Memorial Hospital Authority
In 2007, to characterize maternity practices related to breastfeeding, CDC conducted the first national Maternity Practices in Infant Nutrition and Care (mPINC) Survey.
Initial feeding received after birth:
30% Percentage of breastfeeding patients who received breast milk as their first feeding after an uncomplicated birth
30% Percentage of breastfeeding patients who received breast milk as their first feeding after uncomplicated cesarean birth.

Bureau of Family Health and Nursing Services
-The Breastfeeding Coalition, "I Lechen Susu Mas Maolek" continues to provide free breastfeeding counseling. Breastfeeding classes are held regularly every 2nd Tuesday of the month. The Coalition consists of private and public clinics, a maternity center, the civilian and Navy hospital, and other civic and government organizations.
-Out of the 810 Postpartum Newborn referrals received from the hospital, 15.5% or 126 of those reported to be exclusively breastfeeding.
-Early prenatal counseling classes are held at the Public Health Mangilao for all prenatal clients. Breastfeeding is encouraged and prenatal clients are referred to the Breastfeeding classes as well as the WIC program.

Guam Memorial Hospital Authority
Guam Memorial Hospital Authority formed a committee known as the "Baby Friendly Hospital Initiative Committee". The ultimate goal of this committee is to prepare the Guam Memorial Hospital to become a certified, "Baby Friendly Hospital" by UNICEF/WHO. This committee consists of the Breastfeeding Coalition, Physicians, and Hospital staff-Dietary, Education, and Nursing departments. The efforts are to raise breastfeeding numbers in the hospital. A recent facility data review of admission records done by one of the Family Practice Doctors, Dr. Erickson revealed 50% of women breastfeeding at discharge. 10% of those were exclusively breastfed while 90% were mixed fed with formula, at least once during hospitalization.

-In August 2008, the Navy Hospital coordinated the Healthy Children's Project Lactation Counseling Training.
-WIC continues to provide peer counseling to its consumers.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. the BFHNS staff amd MCH coordinator will continue to be represented in the Breastfeeding Coalition, “I Lechen Susu Mas Maolek” that are held every 2nd Tuesday of the month and participate in their activities to promote Breastfeeding.				X
2. The Community Health nurses will continue to conduct Postpartum Newborn referrals received from the hospital promote and encourage their clients to continue to breastfeed.	X			

3. Early prenatal counseling classes are held at the Public Health Mangilao for To continue to encourage all prenatal clients to attend the monthly Breastfeeding at the CRHC clinic or the WIC Breastfeeding classes. program.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
To continue to participate in Healthy Mothers Healthy Babies fair

c. Plan for the Coming Year
To plan to participate at the regional family planning conference.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	12	12	12	12	12
Annual Indicator	75.1	87.1	97.5	84.1	86.4
Numerator	2574	2789	2841	2946	2994
Denominator	3427	3203	2914	3501	3466
Data Source					Guam EHDI Child Link, DPHSS Office Vital Stat
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	90	90	90	90	90

Notes - 2008
The data presented is from the Guam Early Hearing Detection and Interventions, Child Link Data Base and DPHSS Office of Vital Statistics.

The Guam total births of 3,466 which includes Naval Hospital and Sagua Mague births, but the GEHDI Clild Link NB Hearing Screenings are done prior to the newborn gets discharged. The data is only from Sagua Mague and GMHA infants, the Naval Hopital infant are not included in the total number hearing screened..

a. Last Year's Accomplishments

The Guam Early Hearing Detection and Intervention (GEHDI) has been doing an excellent job in tracking all infants receive a hearing screening prior to discharge from the birthing site of by 1 month. So the collected data from July 1, 2005 through June 30, 2008 reflects screening performance for the 3-year grant cycle. The continued problem on the issue of data reporting from the U.S. Naval Hospital (USNH) continues to affect Guam's overall performance when total births are compared to total number. A Total of 8,809 infants born at GMHA and Sagua Managu, 8,686 or 98% of all infants were screened prior to discharge. And Guam has exceeded the 95% national benchmark screen rate for the 2 birth sites, however when total number of infants born on Guam and number screened is compare, the ratio is approximately 87%, far below benchmark expectation.

The GEHDI facilitated a Power Meeting that was held on August 7, 2008 with representatives in data management from GMHA, DPHSS, and the Office of the Governor of Guam to discuss issues related to the establishment of an electronic birth certificate system, particularly in view of the military build-up on Guam in next few years, a review of possible funding sources to support development, technical support that NAPHSIS could provide, and an agreement that this issue must be given priority.

The electronic linkages between Guam EHDI, GMHA, DPHSS, and Sagua Mague birthing center, so all agencies are able to see which infants were screened at GMHA and if they are schedule for a retest or follow-up visit. So during the DPHSS CRHC Child Health clinics the nurse aids do a hearing screening to all infant under the age of 1 year. This process is done to identify any new cases and to identify if these infants under the lost to follow-up listening. This hearing screening is one way the DPHSS can assist with clients that may be lost in the system.

The BFHNS Administrator was the Vice Chairperson for the GEHDI Advisory Committee and has been attending most of the Quarterly meetings, with parents, Audiologist, Physicians, Head nurses from GMHA, Sagua Mague staff, GEHDI staff, Naval Hospital Hearing program, and Parent Resource Center staff. The GEHDI staff gives a progress report on the program at every meeting, discusses the latest challenges and solutions to the group, and provides positive encourage to parent at the meeting. Meeting is well attended with agendas and handouts given at all times.

Guam EHDI staff have attended a few of our Public Health fairs and they have displayed posters, brochures, pamphlets, and written information on the importance of early hearing testing and the benefits of knowing about this testing.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. . The Newborn Screening Program will continue to follow-up on all invalid abnormal and positive tests until they are complete and are negative or until the infants are receiving treatment			X	
2. The Newborn Screening Program will work with the Guam Program to provide medical formula for eligible infants/children with erraor in metabolism		X		X
3. The Newborn Screening Program in collaboration with the Western States Genetic Services Collaborative (WSGSC) will provide telemedicine clinics fr infants, children and young adults with metabolic and /or genetic conditions			X	
4. 4. The Newborn Screening Program will work together with WSGSC to a) develop a genetic testing policy; b) develop		X		

language to advertise the policy to clients; and c) calculate specific language regarding newborn screening and genetics. X				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. To continue to participate in the Quarterly Advisory Committee and any meeting concern the Child Link issues.
2 To continue to provide Hearing Screening at every Child Health scheduled visits.
3. To continue to attend and participate in Hearing Screening activities, trainings or Health Fairs.
4. Attend parent group activities and trainings

c. Plan for the Coming Year

1. To continue to conduct the Quarterly Advisory Committee and keep BFHNS staff aware of the Hearing Screening.
2. To continue to provide Hearing Screening at every Child Health scheduled visits
3. To continue to participate with DPHSS, GEHDI, Sagua Mague, on the tracking system.
4. To continue the participation with GMHA, DPHSS, and GEHDI with keying the data obtained after a child health visits at CRHC.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	13	13	13	13	13
Annual Indicator	14.3	13.7	14.3	26.2	21.7
Numerator	8690	8752	8808	16192	14173
Denominator	60687	63850	61510	61869	65295
Data Source					DPHSS: BFHNS,BPCS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2008

The data for total # of children without insurance were not available, but an estimate of children 1 - 18 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 51,095.from

a. Last Year's Accomplishments
Individuals lacking health insurance hinder access to preventative health care. This results to high cost of medical care because when they access health care their condition is already worse or they use the emergency room for illness that can be taken care off in a doctor's clinic at a reduced cost.

Individuals up to age 18 like the elderly population, is at risk for potential serious health problems if they are not covered with some form of health insurance. These children and adolescent will not have any immunizations or any health screenings necessary to monitor their well-being. Additionally, prenatal care is not initiated early or not at all if they become pregnant.

Moreover, individuals with health insurance but have a deductible to meet are also prone to delay treatment of illness or defer some preventative health maintenance such as immunizations because they have to pay out of their own pocket until they meet their deductibles and their insurance will pay a certain percentage as stipulated on their insurance contract.

Public Health Clinic in Mangilao provides preventative services to individuals, young and old who have no insurance coverage. Available services like prenatal care, postpartum care, immunizations, family planning, child health care, women's health care communicable diseases as well as sexually transmitted diseases are provided to clients who have no resources to pay their medical needs. The clinic staff work hand-in-hand with the medical social workers in helping these clients to apply for state or local government sponsored insurance.

For calendar year 2008, the clinic and the island wide district-nursing unit provided immunizations to 6,989 children who have no health insurance coverage. Prenatal care was given to 969 pregnant adolescent who have no means to pay if seen by private providers. In addition, 1,541 non-insured adolescent received services regarding treatment, counseling and education on sexually transmitted diseases. Family planning education and counseling, and barrier method of contraception specifically condoms were given to 5,058 non-insured sexually active adolescent to curtail unwanted pregnancy and spread of sexually transmitted diseases. Aside from the biannual Shriner's clinic, children with special health care needs are also seen for routine health maintenance at public health clinic and home visited by the island wide community health nurses. For 2008, 629 children with special healthcare needs received these services.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue to have Public Health nurses provide families with no insurance information on how to apply for these services.			X	
2. Continue to work with the Division of Public Welfare to enhance outreach efforts, coordination and the simplification of the application process			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				

10.				

b. Current Activities
The staff of the Department of Public Health and Social Services specifically the staff of the Bureau of Family Health and Nursing Services (BFHNS) continue to provide health care to the less fortunate population of the territory of Guam who cannot afford to pay the high premiums of available heath insurance on the island. Non-insured individuals seeking health care are seen by physicians, nurse practitioners and registered nurses. They are further referred to the medical social workers for assistance in applying to the Medically Indigent Program, locally funded health insurance program and the Medicaid Program, which is a federally funded health insurance program.

Aside from the community immunization outreaches and home visitation done by the island wide community health unit of the BFHNS, a village-base clinic approach was implemented. The village-based clinic also targets the non-insured population who has no means of transportation. The village based-clinic provides, to name a few, immunization, prenatal care counseling, postpartum care, counseling and education, chronic screening, child health maintenance and family planning.

Homeless outreaches were also done to provide healthcare services and assist them through referral to appropriate agencies.

c. Plan for the Coming Year
Continue to have Public Health nurses provide families with no insurance information on how to apply for these services.

Continue to work with the Division of Public Welfare to enhance outreach efforts, coordination and the simplification of the application process

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			15	15	14
Annual Indicator		15.4	11.0	10.3	2.2
Numerator		1587	1051	1000	137
Denominator		10309	9536	9744	6185
Data Source					WIC Nutritional Risk Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	20	20	20	20	20

Notes - 2008
Data presented from the Guam WIC Nutritional Risk Summary 2008

a. Last Year's Accomplishments
A total of _____participates at the Head Start Fittness Fair

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To start to work the WIC Program to coordinate services to assess the need and plan for interventions.				X
2. To continue to conduct outreaches and hold at least one outreach focusing on children.			X	
3. To continue to participate with the Headstart Program on their Annual Fittness Fair and offer screening activities.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
BFHNS staff working closely with Chronic Disease Control Program in participating with the Village Fiesta Outreaches,

c. Plan for the Coming Year
To plan to participate with middle and high schools in chronic screening with children.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			10	10	10
Annual Indicator	0.0	0.0	0.0	10.8	9.6
Numerator	0	0	0	379	334
Denominator	3203	3203	2914	3501	3466
Data Source					DPHSS Office of Vital Stats, GMHA,BFHNS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	10	10	10	10	10

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. Only provided the total number of births of 3466,

GMHA also provided number of women who smoke during and after delivery.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
Information on the 1-800 Tobacco Quitline phone number is given to all pregnant clients at the Bureau of Family Health and Nursing Services, DPHSS. A total of 2,499 prenatal clients were taught the dangers of cigarette smoking at each clinic visit in 2008. Of the 382 new prenatal clients in 2008, there were 9 that smoked and/or chewed betel nut and tobacco. All 9 clients were counseled on Smoking Cessation, with three quitting until the end of their pregnancy (FY 2008 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS).

Smoking among adults remains higher than the national average. Over one in four adults smoke. Smoking prevalence is about 50% higher on Guam than in the U.S. Regardless of sex, smoking is higher on Guam than in the U.S. Male smoking on Guam is 66% higher than the rate of the U.S. Female smoking on Guam is higher than the male smoking rate of the U.S. (BRFSS 2008, Guam DPHSS).

Adult client percentage who attempted to quit for at least one day in the past year: 2001, 17%; 2002, 19.4%; 2003, 19.6%; 2007, 64.7%. There was a statistically significant increase in percent of smokers who attempted to quit at least one day in 2007. (BRFSS 2008, Guam DPHSS).

The 2008 data of Former Smokers or Successful Quitters are as follows: 2001, 11.8%; 2002, 15.5%; 2003, 14.3%; 2007, 14.1%; 2008, 19.4% (BRFSS 2008, Guam DPHSS).

Pregnant women were taught on the Effects of Smoking in 24 classes of EPCC in 2008 for the Guam DPHSS clients. A total of 150 pamphlets were issued on the dangers of cigarette smoking and tips on quitting. A total of 764 prenatal clients and their significant life partners attended. (FY 2008 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS).

A tabletop presentation was displayed on Smoking Cessation at the Payless Kick-the-Fat Chronic Screening March 15, 2008, Healthy Lifestyles, Healthy Generations Fair Chronic Screening April 12, 2008, World Youth Day Fun Run Outreach April 19, 2009, Child Immunization Outreach April 26, 2008, Malojloj Fiesta Outreach Chronic Screening May 17, 2008, Agana Shopping Center Immunization Outreach July 11, 2008, Primary Care Community Outreach July 13, 2008. The target audience were youth and adults.

A poster presentation was displayed in the Central Region Health Clinic waiting room on "Effects of the Unborn with Tobacco and Betel Nut Use" in 2008. A total of
22229 clients viewed the poster presentation. (FY 2008 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS).

GMHA Statistics: Waiting for 2008 stats from the labor and delivery.

Prevention and Early Intervention Advisory Community Empowerment "PEACE Project", Statistics: Waiting for 2008 stats on youth.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue to hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy. 2. 1. Continue to hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy. 2. Coordinate with ke			X	
2. Coordinate with key partners to update policy to promote awareness activities.				X
3. To improve Public Education efforts			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Bureau of Family Health and Social Services conducts Early Prenatal Care Classes on the second and fourth Fridays of each month to teach on the importance of nutrition, exercise and early prenatal care. Additionally, the participants are given information on the effects on the unborn fetus with the use of smoking tobacco, betel nut and tobacco chewing, alcohol and illicit drug usage.

Tobacco Cessation information is given to the prenatal clients along with the 1-800 Quitline phone number.

c. Plan for the Coming Year

Cancers of the lung and bronchus are the highest for Chamorros 66.9 per 100,000 population. This is followed by the Micronesians at 53.1, Filipinos 23.3, Asians, 14.3. The leading cause of cancer mortality is lung cancer on Guam. (Guam Comprehensive Cancer Control Plan 2007-2012). Reduce cancer incidence, illness, death associated with tobacco use by 5% by 2013.

1. Collaborate and network with the Coalition for a Tobacco Free Guam, which includes the Department of Public Health and Social Services, Department of Mental Health and Substance Abuse, U.S. Naval Hospital Guam's Health Status Improvement Office, University of Guam, Guam Public School System, Guam Environmental Protection Agency, Army National Guard Counter Drug Program, Sanctuary Incorporated, the American Cancer Society, the NCI's Cancer Information Service, Health Partners, LLC Staywell Insurance and other private businesses in the community to reduce tobacco usage.

2. Conduct six outreach activities with the Guam DPHSS Chronic Program in the community on the effects of tobacco/betel nut/alcohol/illicit drug usage and preventive measures by 2010.

3. Collaborate with existing programs to align their activities with best practices for tobacco free worksite and village/community by 2010.

4. Research best practice for increasing tobacco free awareness in clinics and village/community on establishing an education program for prenatal clients by 2010.

5. Support the Coalition for a Tobacco Free Guam and the PEACE Project in their efforts to implement their Tobacco Control Plan by 2010.

6. Support the Guam DPHSS in their efforts to give all prenatal clients Smoking Cessation counseling at each prenatal encounter and chart all encounters in the prenatal charts by 2010.

7. Increase awareness with the Guam DPHSS prenatal clients on the effects of tobacco/betel nut chewing by 2010.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	40	40	40	40	20
Annual Indicator	14.4	34.9	20.4	6.6	18.7

Numerator	2	5	3	1	3
Denominator	13906	14318	14679	15057	16066
Data Source					Guam Police Department, DPHSS Vitals Stats
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	5	5	5	5	5

Notes - 2008
The data presented on suicide given by the Guam Police Department .

a. Last Year's Accomplishments

There has been an extensive increase in outreach efforts in recent years to raise awareness about suicide in Guam. The government agencies and other organizations that have worked so hard to reach out to the various sectors of the community especilly wih DPHSS.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The DPHSS and the MCH providers and staff will continue to promote and provide awareness that suicide is a big isuue to our youths on Guam and also a public health issue that is preventable.		X		
2. To adovcate the 24 hour Hotline to our clients and community of the accessibility to anyone and it'a value to our youths.		X		
3. Work ith DMHSA with the Suicide grant activities todease the incidents of suicide.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Guam averaged 23 suicide deaths per year -- an average of about two people every month. Suicide is the fifth leading cause of death on our island. The numbers are particularly high for youths ages 25 and younger; rates for suicide attempts and thoughts about killing themselves are about twice as high as that of U.S. youths.

It's clearly a problem that all of us, as a community, must do a much better job of addressing

There has been an extensive increase in outreach efforts in recent years to raise awareness about suicide in Guam. The government agencies and other organizations that have worked so hard to reach out to the various sectors of the community have our thanks and gratitude for their efforts.
And now, thanks to the Garrett Lee Smith Memorial youth suicide prevention grant, applied for and received by the Department of Mental Health and Substance Abuse in 2008, those agencies and organizations have data that can be used to improve those efforts.
The three-year grant, "Focus on Life -- Guam Youth Suicide Prevention," runs through September 2011. The grant enabled our island, for the first time, to collect and analyze a large amount of information about the prevalence of suicide in Guam, as well as the more common factors and reasons for residents taking their own lives.
BFHNS working with BOSSA handles the Child Protective Services to assist with this issue of Sucide.

c. Plan for the Coming Year
Suicide is the fifth leading cause of death on Guam, and is widely recognized as a significant public health issue by the Guam community. However, prior to the Focus on Life-Guam Youth Suicide Prevention grant, comprehensive data on suicide did not exist. Hence, it was difficult to assess the magnitude and ascertain the characteristics of suicide to guide suicide prevention policy development, program planning and development, and resource allocation.

Continue to meet with partners and work with DMHSA on this grant activities.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	0.0	0.0	0.0	76.1
Numerator	0	0	0	0	35
Denominator	0	10	10	10	46
Data Source					GMHA
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2008
Guam does not have the faculities for these very low birth weight infants or deliviers

a. Last Year's Accomplishments
GMHA does deliver infants at a level III they treat inrants less then 1.500 grams and treated these infants wth adaquate eqipment and qualified personel. GMHA NICU can hanle up to 4 newborns; cardic monitors, ventilators, and medications.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Guam presently does have facilities for High-risk deliveries and neonates.				
2. Work with both GMHA and Sagua Manaugu birthing centers to discuss this critical health issue.				
3. Work with DPHSS Vital Statisticians for improving data collection activities.				
4. Continue to work with UOG CEEDERS in working with DPHSS Vital Statistics personnel on improving data collection.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

GMHA does deliver infants at a level III they treat inrants less then 1.500 grams and treated these infants wth adaquate eqipment and qualified personel. GMHA NICU can hanle up to 4 newborns; cardic monitors, ventilators, and medications.

c. Plan for the Coming Year

Continue to care for these newborns atGMHA NICU,

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	70	75	75	75	75
Annual Indicator	59.8	62.0	0.0	0.0	32.4
Numerator	2048	1985	0	0	1124
Denominator	3427	3203	2914	3501	3466
Data Source					GMHA and DPHSS Office of Vital Statistics
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	75	75	75	75	75

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women with prenatal within the first trimeseter. But the number of infants born in 2008 is 3,466 wqas available.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
Central Public Health provided two additional clinics per week, specific to pregnancy testing and screening. These clinics would increase the accessibility to start early prenatal care, and make appropriate referrals as needed.

Central Public Health clinic also provided two Sexually Transmitted Disease (STD) clinics per week. Although the main purpose of the clinics are to provide screening, treatment and preventive education of STD's, other health topics are also discussed, i.e. importance of annual paps, follow-up of chronic medical conditions, preconceptual counseling, and importance of early prenatal care.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to provide prenatal care and early prenatal care classes to the community.	X			
2. To continue to provide prenatal care through our health centers and emphasis to these women that the importance of early prenatal care.		X		
3. To continue the BFHNS and BPCS staff in porviding outreach		X		

extended clinics that includes a MCH provider to assist these high-risk clients that are not in a areas of poor heathcare access.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Northern, Central and Southern Public Health Centers continue to offer clinical services for Maternal Child health. These health centers's location offer the community closer access for services. In addition, Central Public Health provides free maternal and child preventive health services for clients without health insurance.

The MCH program continues to provide Early Prenatal Counseling Class (EPCC) twice a month. These classes provide education on various health topics for pregnancy and child care. This year, a total of 300 participants attended the class.

The MCH program continues to participate in various health fairs for the island community. These include the annual "Healthy Mothers Health Babies Fair. These health fairs provide health education and listing of services available at the Public Health Centers.

c. Plan for the Coming Year
Although accessibility to early prenatal care has been addressed, through strategic locations of three health centers, increase of screening clinics, and free clinics at Central Public Health, we continue to see pregnant clients start prenatal care in their last trimester, and some that have no prenatal care.

This year's plan of action is to continue to address these issues:

- Encourage a senior BSN University of Guam student to do Community Health project on accessing early and continued prenatal care.
- Collaborate with other community organizations, i.e. Gentle Refuge, who provide free UCG screening, easier access to clinic services.
- Collaborate with schools to provide easier access for pregnancy testing or early prenatal follow-up of teens.
- Continue to collaborate with community groups and "promotoras" women who help educate other women on health issues, to promote early and continued prenatal care.
- Continue to promote importance of early prenatal care by participating in health fairs, providing community with posters, pamphlets that promote early and continued prenatal care.

D. State Performance Measures

State Performance Measure 1: *To reduce the percent of pregnant women who received no prenatal care*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	6.3
Numerator	0	0	0	0	218
Denominator	3427	3203	2914	3501	3466
Data Source					DPHSS Vitals Statistics Office and GMHA data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	10	10	10	10	10

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for women with no prenatal care were not available. The total births stated from the Office of Vital Statistics was 3466.

The data on the women with no prenatal care were obtained by GMHA.

The data source used for 2007 were unknown to the BFHNS Administrator at this time.

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007.

Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments

The DPHSS Centers are all being used to see prenatal clients (Northern, Central and Southern) still offers on-site prenatal care, dental and immunization services including referrals to private providers/clinics for specialty care. In 2008 the Central Regional Health Centers (CRHC) saw 1,598 prenatal clients that under the MCH program and no insurance clients. The Northern Community Health Centers (NCHC) saw 6,957 clients and the Southern Community Health Center (SCHC) saw 995 clients with insurance or without insurance, and also clients under the MCH program. The CRHC have only 3 Nurse Practitioners (two WHNP and one FNP) and FP Medical Advisor to see these clients. The CHCs have an increase in providers Nurse Practitioners, Nurse Midwife, two OB/GYN providers and Family Health Providers that staff the SCHC and NCHC.

Another activity that assists clients in awareness on prenatal care wellness is the MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning. So in 2008 the EPCC were able to educate 516 clients, with about 49% of Chamorro and 30% of Chuukese were the majority of the class participation.

The Health Centers have the access to prenatal care are available at the three centers but, one of the barrier to accessing the care is lack of health insurance. Approximately 16% state that they do not have health insurance, 47% had Medicaid and 29% had the locally funded Medially Indigent Program (MIP), these were reported by the CHCs clients. So with families without health insurance often receive less preventive health screenings, immunizations, or prenatal care and may avoid or delay medical treatment when problems arise. Without health insurance, families often lack a regular healthcare provider or clinic, and are more likely to receive care in an emergency room. Overall, uninsured pregnant women delay seeking prenatal care and receive less adequate care, in which can lead to poorer birth outcomes.

The Community Health Centers are one of handful of providers accepting clients who are Medicaid or MIP eligible. Private providers in the community are not accepting Medicaid or MIP clients or clients that are uninsured. As such these clients are turning to the Community Health Centers, primarily because they cannot afford to make a deposit upfront and do not have the financial resources to cover the medical cost "out of pocket". The Community Health Centers offer a sliding fee schedule, which is promoted through a variety of methods.

The CHC were able to hold a total 326 Women's Clinics and provided 1,598 of these clients were pregnant. The BRFHNS exceed their Annual Bureau goal of 3481 encounters, with a goal of 3342 encounters set for FY2008.

One best way that still promotes prenatal care is through the use of "promotoras". Promotoras are clients who have been pregnant and understand the importance of prenatal care. Outreaches that announced by the promotoras, serve has a culturally sensitive and acceptable method for educating women about this issue.

The MCH program continues to participate in various health fairs and Community-based outreaches to promote Early Prenatal Care and MCH services that are available to women within the community. In 2008, the BFHNS staff were out in the community promoting MCH services at multiple Health fairs: Annual Breastfeeding Fair, Healthy Mothers Healthy Babies Health Fair, Project Kid Care fair, Annual Public Health Month Health Screening Fair, the Annual Child Immunization Fair, Community-based Extended Clinics with the BPCS, Monthly Immunization Village Outreaches, and recently reactivated the Annual Healthy Mothers Healthy Babies fair. These health fairs provide health education and listing of services at the Public Health Clinics.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Outreach, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care.			X	
2. Continued the outreaches will be provided through the continued collaboration with the Healthy Mother Health Babies Coalition to advocate for and facilitate access to prenatal care.		X		
3. Title V staff will develop public awareness campaign to alter all women to enter prenatal care as early as possible			X	
4. Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.			X	
5. The MCH Program will continue to coordinate activities with the Bureaus of Primary Care Services and continue Extended Clinic within the at-risk community.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The DPHSS Centers continues to offer Prenatal care, Women's health care, Immunizations, UCG testing, Family planning visits, STDs visits, Adolescent Health care, and Early Prenatal Care Classes. The NCHC and SCHC health care services for both insured and uninsured clients, so provide Internal Medicine care, Family Practice care, Child Health care, Nurse Practitioner care, laboratory services and Pharmacy services.

Lack of insurance is a key barrier to prenatal care access. Women often cannot see a prenatal care provider until a source of payment is determined. Providers may be reluctant to initiate care with the patient unless coverage by a private insurer or public coverage is confirmed. But the CRHC in central Guam still continues to see clients with on insurance for prenatal care but the client needs to come into Public Health within three months of the weeks of conception (first trimester) . Social Workers are available at the centers to answer any questions concerning prenatal care and insurance coverage.

The BFHNS will continue to conduct the Postpartum/Newborn rounds at Guam Memorial Hospital Authority. While at the hospital, the Nursing Assistant interview postpartum women for potential

home visits and promote the MCH services at the DPHSS centers.

The Community Health Nurses (CHN) within the BFHNS are always promoting early prenatal care and visits during their daily home visits or community encounters.

c. Plan for the Coming Year

To continue Outreaches, Community-based extended clinics, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care. In addition outreach will be provided through the continued collaboration with the Healthy Mother Health babies Coalition, Bureau of Primary Care Services, Bureau of Family Health & Nursing services, and the Family Planning Program to advocate for and facilitate access to prenatal care.

Title V staff will develop public awareness campaign with BFCS, to promote awareness to all women to enter prenatal care as possible.

Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.

Title V will continue to recruit a Family Practice provider to provide prenatal service at the Central Regional Health Centers to assist in increasing women's Health services.

To continue Outreaches, education and counseling will be provided both to the community at large, providers and women of childbearing age of the importance of early and consistent care.

Continued the collaboration with other agencies and programs to recall the Healthy Mother Health Babies Coalition, to advocate for and facilitate access to prenatal care.

Title V staff will develop public awareness campaign to alter all women to enter prenatal care as early as possible.

Title V will also work in partnership with the Family Planning Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.

The MCH Program will continue to coordinate activities with the Bureau of Primary Care Services and continue Extended Clinic within the at-risk community.

State Performance Measure 2: *Proportion of low-income women who receive reproductive health/family planning services*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			10	11	12
Annual Indicator	9.3	9.3	9.2	7.1	38.6
Numerator	3440	3496	3496	2723	1481
Denominator	37125	37497	37848	38178	3835
Data Source					Guam Family Planning FPAR Report

Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time.

The DPHSS had a decrease in Family Planning encounters due to nursing shortage in the BFHNS and increase activities with Diaster Nursing, outreaches, and increase in Communicable Disease referrals.

a. Last Year's Accomplishments
The Family Planning Annual Report (FPAR) was submitted and is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

Any male or female capable of becoming pregnant or causing pregnancy and whose income is at or below 250% of the federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam, 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

The Department of Public Health and Social Services (DPHSS) three Health Centers provide Family Planning services. In 2008, the Bureau of Primary Care Health Centers (BPCS), both Northern (NCHC) and Southern (SCHC) were able to offer Women's Reproductive Health Services that include Family Planning visits. There were a total of 780 Family Planning encounters from NCHC, and 206 encounters from SCHC. The Central Region Health Center accounted to 790 family planning encounters.

The Bureau of Family Health and Nursing Services (BFHNS) Island Wide Community Health nursing staff were able to provide Family Planning services in the community through home visits, health screening clinics, and immunization outreaches totaling 2,252 male and female encounters.

The Family Planning Program was able to send two DPHSS staff, one Family Nurse Practitioner (FNP) assigned to BFHNS, and one Women's Health Nurse Practitioner (NP) from BPCS to attend the Contraceptive Technology Conference which was held in San Francisco, California from March 1 through 4, 2008.

The Guam Family Planning Program was also successful to send six BFHNS staff, Nursing and Administrative personnel to attend the Annual FP/MCH 2008 Region IX Pacific Basin Family Planning Conference held at the island of Pohnpei, FSM. This conference gathered over 40 health officials from the Region IX Family Planning Office and Pacific Rim Jurisdictions.

The conference kicked off by having each Pacific Basin Family Planning Program do a presentation of their FP services. The FP/MCH Pacific Basin Annual Conference began on May 5 through May 9, 2008. It encompassed various topics ranging from what is Family Planning, Contraception, Health Education, and Sexually Transmitted Diseases/Infections.

The annual conference focused on exchange of new techniques in promoting and providing family planning services within their own communities. Topics were conducted through separate

sessions based on participant needs that include update on Contraceptive Management, Pregnancy Counseling, PAP Management, update on STD/STIs, Counseling techniques, and Microscopy. The Pacific Basin conference was well attended from each respective jurisdiction as it included Financial Personnel to receive update on Program Audit and Program Administrative requirements.

The Guam Title X Family Program provides scholarships to high-risk teenagers of low income families to attend the Annual Youth-for-Youth (YFY) Conference. Young kids ages 12-17 years are invited to participate in this youth conference each year in April. Teenagers from Guam, Commonwealth of the Northern Marianas (CNMI), Federated States of the Micronesia (FSM), and the two Republics of Palau, and Marshall Islands are always represented at the conference.

The YFY annual conference is totally prepared and conducted by island youths. It is a certified, filed, and licensed Not-for-Profit private organization. They are presently housed at the Department of Mental Health Substance Abuse (DMHSA) under Advisory of the Prevention and Substance Abuse Unit.

The Guam Family Planning Program provides training to youth facilitators in preparation for their presentation at the conference. The conference runs for three days built with a wide range of workshops covering topics such, Drugs and Alcohol, Tobacco, Family and Domestic Violence, Safe Sex, Abstinence, Sexually Transmitted Disease/Infections, Dating, and Bullying just to mention a few.

Youths who participated at the conference get to individually learn to build their own individual strengths, identify at-risk factors, and attend sessions on health-related issues. The May 2008 Annual Youth Conference was again well attended with a total of 450 participants that included Adult Chaperones.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. BFHNS staff and Family Planning Coordinator III will continue to attend outreaches and presentations at the Middle and High Schools.			X	
2. To assure that contraceptive devices are available to adolescents without parental approval.				X
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.	X			
4. 4. Involving males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services. 5.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program continues to collaborate with the Guam Family Planning Program to increase the availability and accessibility of pregnancy testing in the public middle and high schools.

Title X requires that clients visiting clinics for contraceptive care be offered related preventive health services as well. As a result, the program regulations and official guidelines specify a wide range of services to be delivered to clients at Title X-supported clinics, including blood pressure evaluation, breast examinations, pelvic examinations, Pap tests, and sexually transmitted disease (STD) and HIV testing, as indicated. Research has shown that teen's use of contraceptives will subsequently influence their risk of unintended pregnancy and contracting a sexually transmitted infection.

Among participants involved with the Guam Family Planning Program that used contraceptives, condoms were the predominant method. While helpful in preventing the transmission of STDs, condoms are not as effective in preventing pregnancy as hormonal contraceptive methods, which, on the other hand, hormonal contraceptive methods do not provide protection against STIs. Almost 13% of participants used a hormonal method (birth control pills, Depo-Provera, etc.) The remaining users chose an alternative method such as "rhythm", withdrawal, sponge etc. Interesting was that a little over 13% of Guam Family Planning participants used abstinence as a method of birth control.

c. Plan for the Coming Year

1.To continue to participate at scheduled outreaches and presentations to the GPSS Middle and High Schools.

2. To assure that contraceptive devices are available to adolescents without parental approval
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.

4. To continue to involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.
5. The Title V staff and Family Planning Program Coordinator will continue to participate at the Annual "Youth 4 Youth" Conference and coordinate activities with the Department of Youth Affairs on peer training sessions.

State Performance Measure 3: *Percent of women who use alcohol, tobacco and other drugs during pregnancy*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			5	5	5
Annual Indicator	14.9	14.0	0.0	0.0	11.1
Numerator	511	447	0	0	383
Denominator	3427	3203	2914	3501	3466
Data Source					DPHSS Vitals Statistics Office and GMHA data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**

Annual Performance Objective	5	5	5	5	5

Notes - 2008
The data present for the number of women who were taking alcohol, tobacco, and drugs during pregnancy were from Guam Memorial Hospital and the total births for 2008 DPHSS Office of Vital Statistics

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division.

a. Last Year's Accomplishments
Information on the 1-800 Tobacco Quitline phone number is given to all pregnant clients at the Bureau of Family Health and Nursing Services, DPHSS. A total of 2,499 prenatal clients were taught the dangers of cigarette smoking at each clinic visit in 2008. Of the 382 new prenatal clients in 2008, there were 9 that smoked and/or chewed betel nut and tobacco. All 9 clients were counseled on Smoking Cessation, with three quitting until the end of their pregnancy (FY 2008 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS).
Smoking among adults remains higher than the national average. Over one in four adults smoke. Smoking prevalence is about 50% higher on Guam than in the U.S. Regardless of sex, smoking is higher on Guam than in the U.S. Male smoking on Guam is 66% higher than the rate of the U.S. Female smoking on Guam is higher than the male smoking rate of the U.S. (BRFSS 2008, Guam DPHSS).
Adult client percentage who attempted to quit for at least one day in the past year: 2001, 17%; 2002, 19.4%; 2003, 19.6%; 2007, 64.7%. There was a statistically significant increase in percent of smokers who attempted to quit at least one day in 2007. (BRFSS 2008, Guam DPHSS).
The 2008 data of Former Smokers or Successful Quitters are as follows: 2001, 11.8%; 2002, 15.5%; 2003, 14.3%; 2007, 14.1%; 2008, 19.4% (BRFSS 2008, Guam DPHSS).
Pregnant women were taught on the Effects of Smoking in 24 classes of EPCC in 2008 for the Guam DPHSS clients. A total of 150 pamphlets were issued on the dangers of cigarette smoking and tips on quitting. A total of 764 prenatal clients and their significant life partners attended. (FY 2008 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS).
A tabletop presentation was displayed on Smoking Cessation at the Payless Kick-the-Fat Chronic

Screening March 15, 2008, Healthy Lifestyles, Healthy Generations Fair Chronic Screening April 12, 2008, World Youth Day Fun Run Outreach April 19, 2009, Child Immunization Outreach April 26, 2008, Malojloj Fiesta Outreach Chronic Screening May 17, 2008, Agana Shopping Center Immunization Outreach July 11, 2008, Primary Care Community Outreach July 13, 2008. The target audience were youth and adults.
A poster presentation was displayed in the Central Region Health Clinic waiting room on "Effects of the Unborn with Tobacco and Betel Nut Use" in 2008. A total of 2229 clients viewed the poster presentation. (FY 2008 Statistics, Bureau of Family Health and Nursing Services, Guam DPHSS). Pregnant women who are drug abusers have a higher incidence of chronic infections, poor nutrition and anemia and lack of prenatal care. Usage of drugs in pregnancy can result in babies who suffer from drug withdrawal after birth.

Data from the Guam Memorial Hospital Labor and Delivery for 2008 shows that there was 15 mothers who stated they were using alcohol, 5 stated that they were drug users, and 334 stated that they smoked during their pregnancy.
Thw BFHNS are also involved with the Prevention and Early Intervention Advisory Community Empowerment "PEACE Project" with the YRBS Survey and with Youth 4 Youth Conference Planning committee during 2008.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue to hold campaigns to raise awareness and education about drugs and alcohol usage during pregnancy other related agencies and programs.	X			
2. To coordinate with key partners (Tobacco Free Guam, PEACE project) to update policy to promote awareness activities.		X		
3. To continue have BFHNS staff emphasis the important of not smoking to during pregnancy at all clinics at CRHC and outreaches.			X	
4. To continue to educate of the QuitLine phone numbers to all prenatal clients that are at risk.	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Bureau of Family Health and Social Services conducts Early Prenatal Care Classes on the second and fourth Fridays of each month to teach on the importance of nutrition, exercise and early prenatal care. Additionally, the participants are given information on the effects on the unborn fetus with the use of smoking tobacco, betel nut and tobacco chewing, alcohol and illicit drug usage.

Pregnant women who are drug abusers have a higher incidence of chronic infections, poor nutrition and anemia and lack of prenatal care. Usage of drugs in pregnancy can result in babies who suffer from drug withdrawal after birth.

Guam Memorial Hospital Authority collects information on drug and alcohol exposure before delivery. It is only when a doctor may be suspicious of mom's presentation that urine toxicology is performed. If the mother tests positive for drugs, the case is referred to the Social Services Department of the hospital and Guam Early Intervention Services, a service to provide early intervention to families with infants 0-3.

Data from the Guam Memorial Hospital Labor and Delivery showed that there was 334 smoking during pregnancy, which was a decrease from 2007 GMHA's stats of 376 stated that they smoked.

Despite the increased focus on intervention, many pregnant women do not receive the help that they need. Reasons for not receiving medical treatment may include ignorance, poverty, lack of available services.

c. Plan for the Coming Year

Cancers of the lung and bronchus are the highest for Chamorros 66.9 per 100,000 population. This is followed by the Micronesians at 53.1, Filipinos 23.3, Asians, 14.3. The leading cause of cancer mortality is lung cancer on Guam. (Guam Comprehensive Cancer Control Plan 2007-2012). Reduce cancer incidence, illness, death associated with tobacco use by 5% by 2013.

1. Collaborate and network with the Coalition for a Tobacco Free Guam, which includes the Department of Public Health and Social Services, Department of Mental Health and Substance Abuse, U.S. Naval Hospital Guam's Health Status Improvement Office, University of Guam, Guam Public School System, Guam Environmental Protection Agency, Army National Guard Counter Drug Program, Sanctuary Incorporated, the American Cancer Society, the NCI's Cancer Information Service, Health Partners, LLC Staywell Insurance and other private businesses in the community to reduce tobacco usage.

2. Conduct six outreach activities with the Guam DPHSS Chronic Program in the community on the effects of tobacco/betel nut/alcohol/illicit drug usage and preventive measures by 2010.

3. Collaborate with existing programs to align their activities with best practices for tobacco free worksite and village/community by 2010.

4. Research best practice for increasing tobacco free awareness in clinics and village/community on establishing an education program for prenatal clients by 2010.

5. Support the Coalition for a Tobacco Free Guam and the PEACE Project in their efforts to implement their Tobacco Control Plan by 2010.

6. Support the Guam DPHSS in their efforts to give all prenatal clients Smoking Cessation counseling at each prenatal encounter and chart all encounters in the prenatal charts by 2010.

7. Increase awareness with the Guam DPHSS prenatal clients on the effects of tobacco/betel nut chewing by 2010.

8. The MCH Program also conducts an EPCC that provides education and information to pregnant women and their partners of adverse effects of drugs, tobacco and alcolhol on the fetus.

State Performance Measure 4: *Percent of children younger than 18 years maltreated/neglected.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	10
Annual Indicator	3.3	3.0	2.8	2.9	1.3
Numerator	2098	1941	1808	1851	817
Denominator	63333	63850	63850	63850	65295
Data Source					DPHSS Child Proctective services
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	5	5	5	5	5

Notes - 2008
The Vital Statistics Section of the Department of Public Health and Social Services was unable to provide a complete statistical report to the MCH Program. The Office of Vitals Statistics is still esperiencing a shortage of staff and were not able to key in data from June 2006 to 2008, and so the data need with this performance is not available at this time..

Obtained some data from the YRBS survey done on Guam's youth in 2007.

a. Last Year's Accomplishments
Child abuse and neglect are preventable, yet each year in the U.S. close to one million children is confirmed victims of child maltreatment. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising their lifetime productivity.

Although the economic costs associated with child abuse and neglect are substantial, it is essential to recognize that it is impossible to calculate the impact of the pain, suffering and reduced quality of life that victims of child abuse and neglect experience. These "intangible losses", though difficult to quantify in monetary terms, are real and should not be overlooked.

Child Protective Services (CPS) of the Department of Public Health and Social Services reported that in 2006 there was 1,267 referrals received and 1,808 children were the subjects of those reports.

In 2007, data compiled by CPS showed a slight increase in the number of referrals received. For 2007, CPS received 1,187 referrals with 1,851 children the subjects of the reports.

CPS received 526 referrals dealing with physical abuse, 266 referrals regarding sexual abuse, 260 were for emotional abuse, 817 were neglect referrals and 522 "Other" referrals which includes teenage pregnancy, children at risk due to drug usage by parents/caretakers, family violence, alcohol abuse by parents/caretakers, teen suicide, teen runaways and other court ordered assessments.

Rape continues to increase within the family. The number of arrests for offenses against the family and children shows a dramatic increase of 187 in 1996 to 583 reported in 2005. Comparison of 2001 and 2005 data on sex offenses and rape shows a decrease in arrests from 4 to 3 arrests for sex offenses and a decrease from 115 to 93 arrests for rape. The Department of Law reported 92 family violence felony cases.

The Youth Risk Behavior Surveillance in 2007 reported that, 13.3% of students had been hit, slapped, or physically hurt on purpose by their boyfriend/girlfriend. The prevalence of dating violence was higher among 11th grade (17.1%) and 12th grade (15.6%) than 9th grade (10.9%) and 10th grade (10.5%) students. And almost thirteen percent (12.9%) of students had been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sex was higher among female (17.7%) students than male (8.8%) students. The prevalence of having been forced to have sexual intercourse was higher among 11th grade (16.2%) than 9th grade (11.1%) and 10th grade (13.6%) students.

Several DPHSS are part-time providers for the Crisis Center and provide awareness to staff and emphasis need information when assessing clients at-risk for abuse or neglect. Partnership with this program creates a unique involvement in this delicate issue of Child abuse.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue to participate with Outreach activities to increase the awareness and public education/prevention services in coordination with community partners on child abuse and neglect.			X	
2. To continue with the partnership with BOSSA in their Annual Child Abuse Awareness Health Fairs.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Child Protective Services (CPS) of the Department of Public Health and Social Services reported that in 2007 there was 2,391 referrals received and 1,808 children were the subjects of those reports.

CPS received referrals dealing with physical abuse, sexual abuse, emotional abuse, neglect referrals and "Other" referrals which includes teenage pregnancy, children at risk due to drug usage by parents/caretakers, family violence, alcohol abuse by parents/caretakers, teen suicide, teen runaways and other court ordered assessments.

c. Plan for the Coming Year

To continue partnership with the BOSSA with the DPHSS to educate the BFHNS nursing staff on Child Abuse and Neglect updates and review the signs and symptoms on potential children at-risk of abuse.

To work with GPSS School Health Counselors on networking on potential students at-risk for

child abuse or neglect or other abuses.

To review the Child Protective Services Referral for any changes that need to be revised or corrected.

The Healing Hearts Crisis Center has moved into their newly built facilities in Tamuning, close proximately to GMHA and Guam Mental Health Substance Abuse. The Center is Guam's only rape crisis center, conducted 93 examinations. Eighty (80) were for females and 13 were conducted for males; of these cases, 44 were acute rape examinations and 26 non-acute rape exams were conducted.

State Performance Measure 5: *The prevalence of partner violence in adolescent relationships*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			0	0	0
Annual Indicator	5.8	0.0	8.5	10.0	8.7
Numerator	812	0	1248	1500	149
Denominator	13906	14318	14679	15057	1716
Data Source					2007 Guam YRBS results,
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0	0	0	0	0

Notes - 2008
The data presented were from the 2007 YRBS done on Guam high school students.
The 2007 data the BFHNS are unaware of the source of the data

a. Last Year's Accomplishments
As stated on the 2007 Youth Risk Behavior Surveillance, 12 months preceding the survey, 13.3% of students had been hit, slapped, or physically hurt on purpose by their boyfriend/girlfriend. The prevalence of dating violence was higher among 11th grade (17.1%) and 12th grade (15.6%) than 9th grade (10.9%) and 10th grade (10.5%) students.

Almost thirteen percent (12.9%) of students had been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sex was higher among female (17.7%) students than male (8.8%) students. The prevalence of having been forced to have sexual intercourse was higher among 11th grade (16.2%) than 9th grade (11.1%) and 10th grade (13.6%) students.

In 2008 Youth 4 Youth Conference they presented a session "Learning to say "NO" to anything and your body is yours and only yours. Building their self esteem and strengthen was stated that will increase you ability to protect yourself from any harm (how to handle peer pressure).

The Family Planning Program educates on Partner Violence on their Middle and High School presentations that works together with Adolescent Health concerns. Pamplets and discussion are incorpate in the presentation with the BFHNS nursing staff and the Family Planning Coordinator III.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to schedule and conduct outreach to provide awareness of partner violence in GPSS Middle and High Schools throughout the island.			X	
2. To provide reading material and discuss effective dating safety programs and role play some situations during the school or agency presentation				X
3. To continue to educate staff on latest techniques dealing with adolescent in a at-risk violence situation.				X
4. To obtain training or updates on recent researches on Youth Violence and Nursing implementations			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Healing Hearts Crisis Center, Guam's only rape crisis center, conducted 93 examinations. Eighty (80) were for females and 13 were conducted for males; of these cases, 44 were acute rape examinations and 26 non-acute rape exams were conducted.

a. Plan for the Coming Year

c. Plan for the Coming Year

1. To continue to schedule and conduct outreach to provide awareness of partner violence in GPSS Middle and High Schools throughout the island.
2. To provide reading material and discussion effective dating safety programs and role play some situations during the school or agency presentation.
3. To continue to educate staff on latest techniques dealing with adolescent in a at-risk violence situation.
4. To work with BOSSA or Crisis Center on obtain training or updates on recent researches on Youth Violence and Nursing implementations.

State Performance Measure 6: *The percent of high school students who have engaged in sexual intercourse*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			0	0	0
Annual Indicator			8.4	0.0	49.9
Numerator			1229	0	856
Denominator	1386		14679	15057	1716
Data Source					2007 Guam's YRBS

					results
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	5	5	5	5	5

Notes - 2008
The 2008 data presented is from the YRBS in 2007 amoung Guam high school students.

The data presented in 2007, the BFHNS Administrator is not aware of where the data wource was taken.

a. Last Year's Accomplishments
According to the Guam Youth Risk Behavior Survey, the percentage of total students who reported ever having sexual intercourse was 45%. Sixteen percent (16%) of all students who ever had sex reported having 4 or more sexual partners more males than females reported having multiple sexual partners. Those who reported having more sexual partners in the last three months as 29.9%

Dramatic biological changes and new sexual feelings are normal parts of adolescent development. Among the most difficult choices facing adolescents are the decisions concerning responsible sexual behavior. Sexual pressures during the teen years are not new.

What has changed for today's youth is a mix of conflicting biological and societal forces. Today's adolescents are entering puberty earlier and marrying later. They are doing so in an atmosphere of access to contraceptives, divorce, births to unwed mothers and awareness of sexually transmitted diseases. Moreover, media images of sexual behavior are most pervasive, yet largely silent concerning the risks of too early sexual activity or unintended pregnancy and sexually transmitted diseases. They are ambivalent at best about abstinence and contraceptives.

Any male or female capable of becoming pregnant or causing pregnancy whose income is at or below 250% federal poverty level is income eligible to receive free clinical examinations and free contraceptives through the Guam Family Planning Program. On Guam 38,178 women were in the age bearing years of 15 through 44. Of these, 15,318 were adolescent females between the ages of 10 through 19 years of age.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. To continue outreaches to the Middle and High Schools.	X		X	
2. To assure that contraceptive devices are available to adolescents without parental approval.				X
3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.	X			
4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.		X		
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities
Submission of the Family Planning Annual Report (FPAR) is required of all Title X Family Planning grantees for purposes of monitoring and reporting progress in program performance. The FPAR is the only source of annual uniform reporting by all Title X grantees.

According to the 2005, FPAR the Guam Family Planning Program saw 5,373 clients, for 2006, the Program saw 4,120 clients a difference of -- 23.32%. For 2007, there were 2,158 clients or a difference of -- 47.62% from 2006 data that was reported.

The Family Planning Program served 1,877 males in 2005, for 2006 there was 1,397 males a difference of -- 25.57% from the 2005 data. For the year 2007, there were 784 males in the program, which was a difference of -- 43.88% from the 2006 data.

The data reflect the same trend for female users of the program, in 2005, there were 3,496 females who received some family planning however, and in 2006, only 2,723 females sought family planning services. This was a difference of -- 2.11% from 2005. In 2007, the FPAR shows 1.374 females or a difference of -- 49.54% from 2006 data.

c. Plan for the Coming Year
1. To continue outreaches to the Middle and High Schools.

2. To assure that contraceptive devices are available to adolescents without parental approval.

3. To encourage all health providers who provide care to youth to include comprehensive age-appropriate information on sexual health issues, including prevention of unintended pregnancies and sexually transmitted diseases.

4. Involve males at an early age in teen prevention efforts, make programs comfortable for males, and conduct more outreached targeted at young men who are not using family planning services.

State Performance Measure 7: *The percent of high school students who are overweight*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			5	5	5
Annual Indicator	5.3	0.0	8.4	10.0	0.7
Numerator	742	0	1235	1500	172
Denominator	13906	14318	14679	15057	26099
Data Source					Guam YRBS, Guam 2000 estimated Census
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**

Annual Performance Objective	5	5	5	5	5

Notes - 2008
The data presented for 2008 was from the 2007 YRBS to the high school students from Guam

The data used is unknown to the BFHNS Administrator and also the data source is known at this moment.

a. Last Year's Accomplishments
Dramatic increases in childhood obesity have occurred in recent decades. Childhood obesity has a profound effect on physical, mental, emotional and social development of children. Furthermore, childhood obesity is associated with developing into adult obesity. Nutrition is essential for growth and development, health and well being, behaviors to promote good health should start early in life with breastfeeding and continue through life with the development of healthful eating habits.

On Guam, 22.1% students who answered the questions in Youth Risk Behavior Surveillance believed that they were overweight. The prevalence of being "overweight" was higher among female (27.3%) than the male (22.1%) students.

Over half of the students surveyed (63.3%) were trying to lose weight. Overall, the prevalence of students trying to lose weight was higher among female (58.2%) than male (39.9%) students. During the 30 days preceding the survey, 41.3% of students had eaten less food, fewer calories or foods low in fat to lose weight or to keep from gaining weight.

During the 30 days preceding the survey, 8.2% of students had taken diet pills, powders or liquids without doctor's advice to lose weight or to keep from gaining weight. As expected, the prevalence of having taken diet pills, powders or liquids was higher among female (10.1%) students than male (6.1%) students.

Nine (9.2%) percent of students had vomited or taken laxatives to lose weight or to keep from gaining weight during the 30 days preceding the survey. Overall, the prevalence of having vomited or taken laxatives to lose weight or to keep from gaining weight was higher among female (9.5%0 than male (8.8%) students.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children				X
2. Provide nutrition education and help facilitate physical activity in the schools.		X		
3. Adolescents will be the focus of education and training opportunities.			X	
4. Staff will continue to collaborate with agency partners that will work on opportunities for youth.			X	
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities
Children's physical fitness is a matter of concern, so much that the Guam's Legislature passed a law at the end of 2005 to measure the Body Mass Index, or BMI, of all students and passes that information to the parents.

The move toward measuring whether kids are overweight or underweight is part of a multifaceted wellness policy that the school system must keep up with to avoid jeopardizing the $6 million to $8 million in federal funds that the Guam Public School System receives every year that is in part used to pay for the reduced and free breakfast and lunch programs at island public schools.

According to Dina Lorenzo, state program coordinator for the school system's food and nutrition services, a recommendation being considered by the school system seeks to add physical education into the elementary school curriculum. It calls for 150 minutes of physical education a week, or 30 minutes a day.

While that recommendation is under review, parents bear the responsibility of ensuring their children get involved with physical activities to stave off obesity. But once parents can get kids to be physically active, the difficulty lies in keeping them at it. Parents' work schedules and the location of the activities can hamper kids from going to practice or an event. This means that a parent must look around and choose activities that best fit the family situation.

c. Plan for the Coming Year
In February, the Guam Medical Society President pushed for the implementation of a mandatory school physical education program until the 12 th grade and after school programs in the public schools to help eliminate childhood obesity. He stated that legislators should consider including in the education budget an allocation that will allow the government to tap the 70 physical education teachers to staff the program.

The Medical Society official noted that children on Guam eat more processed and "junk" food today than kids did the 1970s. He also noted a 400% increase in children's average intake of pizza from the period 1978-2002 periods. (Data can not be verified). He also stressed that the mandatory physical education program should go hand in hand with nutrition education. Unfortunately, the suggestion was not carried into the education budget

1. The program will continue to investigate and cultivate partnerships with advocacy organizations to effectively meet needs and opportunities for families and children.

2. MCH social workers will provide family support services which may include providing assistance and culturally appropriate education to families with children that will enable families to acquire skills necessary to access needed medical and support services.

3. Staff will continue to collaborate with agency partners that will work on opportunities for youth.

4. Adolescents will be the focus of education and training opportunities.
5. The MCH Program staff will work with Chronic Screening Program on developing a screening activities for children at risk for Obesity within the community

State Performance Measure 8: *Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			48	48	48
Annual Indicator	56.7	41.2	79.0	81.6	91.6
Numerator	548	562	562	1000	1602
Denominator	967	1364	711	1225	1748
Data Source					CSHCN Registry
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	90	90	90	90	90

Notes - 2008
The 2008 data presented is from the Guam's CSHCN Registry.

The 2007 data used is known to BFHNS Administrator and the source of the data is also unknown.

a. Last Year's Accomplishments
The Immunization Program within the Guam Department of Public Health & Social Services is responsible for services designed to promote full immunization status of Guam's population.

The Program's focus is to eliminate or control vaccine-preventable diseases. Vaccines are provided to public and private providers to protect against Measles, Mumps, Rubella, Polio, Diphteria, Tetanus, Pertussis, Haemophilis Influenza and Hepatitis B.

The Guam MCH Program provides health services to island residents that meet MCH eligibility criteria. Child health services include Well Child clinics including immunizations, Community Health Nurse Home Visit Services, screening and referrals for children with special health care needs, referrals to audiological or speech evaluations, referral to dental health services, social services provided by medical social services, referral to the WIC Program, nutrition counseling and health education services.

For children ages 0-21 with disabilities and chronic conditions, the program provides preventive and primary care. The program offers a system of family-centered, coordinated, community-based, culturally competent care, assuring access to child health services including medical care, case management and home visiting, screening referrals and assistance obtaining a medical home. Services are provided either directly through Title V or by referral to other agencies and programs that have the capability to provide medical, social and support services to this population.

During June 2007, a medical team from the Shriners Hospital for Children in Hawaii held an outreach clinic on Guam. On the first of June, the team held a clinic at the office of a private provider in which 50 patients were seen. On June 4 through June 8, an outreach clinic was held at the Central Public Health located in Mangilao. During this time, 275 children were seen. In total, 325 children received consultation and evaluation services.

In addition to the Shriners Clinic, a certified orthotics specialist conducted a Shriners Orthotics Clinic. Thirty-five patients were provided consultation, evaluation and follow-up on the use of assistive devices.

Prior to the clinics, all records for the children that will be seen are evaluated to see 1) what kind of documents are needs; 2) are the any lab test that must be done prior to the child's visit and 3) are the immunizations up-to-date. The Immunization card is xeroxed to have put into the medical record.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH CSHCN staff will continue to participate in inter and intra agency committees, trainings and workgroups which focus on improving access to services for CSHCN.			X	
2. MCH CSHCN staff will continue to work with programs to provide services and increase access to resources that may act as a safety net for CSHCN and their families.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

• Immunizations guard against the contraction of communicable diseases. Immunizations protect children from infectious diseases such as hepatitis, diphtheria, tetanus, polio, measles, mumps, rubella, Pertussis, influenza and varicella (chicken pox). Vaccines have led to nationwide declines of these serious and sometimes fatal diseases. On Guam, immunizations are a requirement for entry into kindergarten. Because most immunizations are provided between ages of 0-2 during routine well-baby visits, immunizations may be an indication of whether young children are receiving regular checkups and medical care.

Immunizations are a vital part of every primary and preventive care visit. In 2007, nurses at the Central Public Health immunized 6,656 children and administered 14, 360 doses.

In addition, the EPDST Program has actively worked to ensure that children participating in the program receive complete immunizations by age two (2). The providers immunize children in accordance with the schedule or they refer their clients for immunization in accordance with schedule.

To promote childhood immunizations, the Immunization Program assures access to vaccines that are required for school entry by promoting Immunization Outreach at various locations throughout the island.

The MCH Program provided direct health care services through Immunization outreaches and hold an Immunization Clinic every Monday and Wednesday at the Central Public Health building in Mangilao.

c. Plan for the Coming Year

1. MCH CSHCN staff will continue to participate in inter and intra agency committees, trainings and workgroups which focus on improving access to services for CSHCN.

2. MCH CSHCN will continue to support access to specialists and sub-specialists through the use of telemedicine and specialty outreach clinics.

3. MCH CSHCN staff will continue to work with programs such as Guam Early Intervention Services, Project Tinituhon and Guam Public School System to provide services and increase access to resources that may act as a safety net for CSHCN and their families.

E. Health Status Indicators

Introduction

/2010/ The Guam Department of Public Health and Social Services and the MCH Program together has gathered these differnt health status indicators ranging from, birth rates, low infant birth rates, life birth wieghts of less than 1,500 grams, death rates with children, infants, death rates involved to unintentional injuries, to nonfatal injuries due to motor wehicle crashes, to number of women with STDs, and to live births to women of all ages. The data on Form 20 provides a quick snapshot of the birth outcomes, injuries and sexually transmitted diseases for the island of Guam. This data is useful to differnt programs on Guam dealing with Maternal Child programs, clinic, activiities, and agaencies. These program coordinators, providers, nurse managers, health educators and planners; look at overall trends, similarties of different population groups, identify problems within age group, review research on these indicators, and ananlysis the data carefully. Depending on the area they deal with, work to plan solutions, revise or develope new policies, and plan for increase activities to meet the needs of the commuity of Guam.

Data presented on Form 21 provides another perspective that is critical when evaluating programs and assessing Guam's MCH needs. This demographic data will provide another piece of information when evaluating the demographics of those populations that might need more targeted intervention by the Title V Program, as well as providing trend data. //2010//

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	8.5	9.1	0.0	0.9	1.3
Numerator	290	291	0	30	46
Denominator	3427	3203	2914	3501	3466
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

Data used for the infants less than 2,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistcs Office.

Notes - 2007
The Community Health Centers are using Health Pro data to measure first trimester entry into prenatal care. In 2006, 11.6% of pregnant women received care in the first trimester of their pregnancy; this is down from 13.5% and 14.8% for the years 2004 and 2005 respectively. Women from the Federated States of Micronesia had an entry rate of 9.2% for 2005 and 10.2 in 2006. The Community Health Centers anticipates that because of a part-time OB/GYN physician working additional hours there will be a gradual increase in the percent of women.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/
Health Status Indicator # 01B -- The percent of live singleton births weighing less than 2,500 grams.

This indicator can be influenced with a number of activities within the DPHSS, private clinics, health insurances, women and child's health programs throughout the the Island of Guam. To avoid these premature births within the normal live births, it all starts with women who is pregnant, the mother of the fetus. Getting Early Prenatal care is the best thing for all pregnancy. The Public Health Centers has improved through the years, the access to prenatal care is offered in three parts of the island; NRCHC in Dededo (Northern part of Guam and with the largest population), the CRHC(central part of Guam), and SCHC (southern part of Guam). Three parts of Guam have centers that offer prenatal care.

The Public Health Centers accept private and public health insurance, MCH Program clients, and clients with no insurance. So access to prenatal care is well establish in the c The DPHSS Centers are all being use to see prenatal clients (Northern, Central and Southern) still offers on-site prenatal care, dental and immunization services including

referrals to private providers/clinics for specialty care. In 2008 the Central Regional Health Centers (CRHC) saw 1,598 prenatal clients that under the MCH program and no insurance clients. The Northern Community Health Centers (NCHC) saw 6,957 clients and the Southern Community Health Center (SCHC) saw 995 clients with insurance or without insurance, and also clients under the MCH program. The CRHC have only 3 Nurse Practitioners (two WHNP and one FNP) and FP Medical Advisor to see these clients. The CHCs have an increase in providers Nurse Practitioners, Nurse Midwife, two OB/GYN providers and Family Health Providers that staff the SCHC and NCHC.

Another activity that assists clients in awareness on prenatal care wellness is the MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning. So in 2008 the EPCC were able to educate 516 clients, with about 49% of Chamorro and 30% of Chuukese were the majority of the class participation. //2010//

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	7.4	8.1	0.0	0.9	1.3
Numerator	255	257	0	30	46
Denominator	3427	3158	2914	3501	3466
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
Data used for the infants less than 2,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistics Office.

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital

Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/

Health Status Indicator 01B: the percent of live singleton births weighing less than 2,500 grams.

Like Health Indicator 01A, the program's activities are the same on HSI#01B. because they both have the same goal is decrease the incidence of infants being born less than 2,500 grams. Early Prenatal Care and awareness of different health services accessible within Public Health Community. So stated below are activities Guam MCH program are providing to pregnant women in the island of Guam.

The Public Health Centers accept private and public health insurance, MCH Program clients, and clients with no insurance. So access to prenatal care is well establish in the c The DPHSS Centers are all being use to see prenatal clients (Northern, Central and Southern) still offers on-site prenatal care, dental and immunization services including referrals to private providers/clinics for specialty care. In 2008 the Central Regional Health Centers (CRHC) saw 1,598 prenatal clients that under the MCH program and no insurance clients. The Northern Community Health Centers (NCHC) saw 6,957 clients and the Southern Community Health Center (SCHC) saw 995 clients with insurance or without insurance, and also clients under the MCH program. The CRHC have only 3 Nurse Practitioners (two WHNP and one FNP) and FP Medical Advisor to see these clients. The CHCs have an increase in providers Nurse Practitioners, Nurse Midwife, two OB/GYN providers and Family Health Providers that staff the SCHC and NCHC.

Another activity that assists clients in awareness on prenatal care wellness is the MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning. So in 2008 the EPCC were able to educate 516 clients, with about 49% of Chamorro and 30% of Chuukese were the majority of the class participation.

The CHC were able to hold a total 326 Women's Clinics and provided 1,598 of these clients were pregnant. The BFHNS exceed their Annual Bureau goal of 3481 encounters, with a goal of 3342 encounters set for FY2008.

The MCH program continues to participate in various health fairs and Community-based outreaches to promote Early Prenatal Care and MCH services that are available to women within the community. In 2008, the BFHNS staff were out in the community promoting MCH services at multiple Health fairs: Annual Breastfeeding Fair, Healthy Mothers Healthy Babies Health Fair, Project Kid Care fair, Annual Public Health Month Health Screening Fair, the Annual Child Immunization Fair, Community-based Extended Clinics with the BPCS, Monthly Immunization Village Outreaches, and recently reactivated the Annual Healthy Mothers Healthy Babies fair. //2010//

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	1.4	1.5	0.0	0.4	0.6
Numerator	48	47	0	15	20
Denominator	3427	3203	2914	3501	3466
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
Data used for the infants less than 1,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistcs Office.

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the

passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/

HSI #02A: The percent of live births weighing less than 1,500 grams

The Health Status Indicators #01A and 01B, both are also related to HSI02A, so the Guam MCH Program's activities are similar because the goal again is to decrease the incidence of infant born less than 1,500 grams. Early Prenatal care and Awareness to the health service offered in the Public Health and MCH community. Plus the only hospital on Guam, Guam Memorial Hospital does not have facilities for very low birth weight infants, and < 1,500 grams are those infant.

The Public Health Centers accept private and public health insurance, MCH Program clients, and clients with no insurance. So access to prenatal care is well establish in the c The DPHSS Centers are all being use to see prenatal clients (Northern, Central and Southern) still offers on-site prenatal care, dental and immunization services including referrals to private providers/clinics for specialty care. In 2008 the Central Regional Health Centers (CRHC) saw 1,598 prenatal clients that under the MCH program and no insurance clients. The Northern Community Health Centers (NCHC) saw 6,957 clients and the Southern Community Health Center (SCHC) saw 995 clients with insurance or without insurance, and also clients under the MCH program. The CRHC have only 3 Nurse Practitioners (two WHNP and one FNP) and FP Medical Advisor to see these clients. The CHCs have an increase in providers Nurse Practitioners, Nurse Midwife, two OB/GYN providers and Family Health Providers that staff the SCHC and NCHC.

Another activity that assists clients in awareness on prenatal care wellness is the MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning. So in 2008 the EPCC were able to educate 516 clients, with about 49% of Chamorro and 30% of Chuukese were the majority of the class participation.

The Health Centers have the access to prenatal care are available at the three centers but, one of the barrier to accessing the care is lack of health insurance. Approximately 16% state that they do not have health insurance, 47% had Medicaid and 29% had the locally funded Medially Indigent Program (MIP), these were reported by the CHCs clients. So with

families without health insurance often receive less preventive health screenings, immunizations, or prenatal care and may avoid or delay medical treatment when problems arise.

The CHC were able to hold a total 326 Women's Clinics and provided 1,598 of these clients were pregnant. The BRFHNS exceed their Annual Bureau goal of 3481 encounters, with a goal of 3342 encounters set for FY2008. //2010//

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	1.2	1.3	0.0	0.4	0.6
Numerator	42	40	0	15	20
Denominator	3427	3158	2914	3501	3466
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
Data used for the infants less than 1,500 grams are from Guam Memorial Hospital Authority and the data on 2008 total births are from the DPHSS Vital Statistics Office.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported on time but no other data was provided at this time.

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:
/2010/ Health Status Indicator 02B: The percent of live singleton births weighing less than 1,500 grams.

The HSI#01A, #01B, #02A, and also HSI#02B again as stated in the prior indicators, the same goal for all of them are to decrease the incidence of very low birth infants less than 1,500 grams. Also stated previous that Guam Memorial Hospital does not have the facilities for infant with very low weight. The Guam MCH program continue to promote activities to prevent very low birth weights infant. Early Prenatal Care is the key to decrease these births and keeping the community aware of the risk factors and effects on the baby and their future.

The Public Health Centers accept private and public health insurance, MCH Program clients, and clients with no insurance. So access to prenatal care is well establish in the c The DPHSS Centers are all being use to see prenatal clients (Northern, Central and Southern) still offers on-site prenatal care, dental and immunization services including referrals to private providers/clinics for specialty care. In 2008 the Central Regional Health Centers (CRHC) saw 1,598 prenatal clients that under the MCH program and no insurance clients. The Northern Community Health Centers (NCHC) saw 6,957 clients and the Southern Community Health Center (SCHC) saw 995 clients with insurance or without insurance, and also clients under the MCH program. The CRHC have only 3 Nurse Practitioners (two WHNP and one FNP) and FP Medical Advisor to see these clients. The CHCs have an increase in providers Nurse Practitioners, Nurse Midwife, two OB/GYN providers and Family Health Providers that staff the SCHC and NCHC.

Another activity that assists clients in awareness on prenatal care wellness is the MCH Program conducts an Early Prenatal Counseling Class (EPCC) that provides information on the adverse effects of alcohol, recreational drugs and tobacco usage during pregnancy. In addition, EPCC includes education on breastfeeding and postpartum family planning. So in 2008 the EPCC were able to educate 516 clients, with about 49% of Chamorro and 30% of Chuukese were the majority of the class participation.

The Health Centers have the access to prenatal care are available at the three centers but, one of the barrier to accessing the care is lack of health insurance. Approximately 16% state that they do not have health insurance, 47% had Medicaid and 29% had the locally funded Medially Indigent Program (MIP), these were reported by the CHCs clients. So with families without health insurance often receive less preventive health screenings, immunizations, or prenatal care and may avoid or delay medical treatment when problems arise. Without health insurance, families often lack a regular healthcare provider or clinic, and are more likely to receive care in an emergency room. Overall, uninsured pregnant women delay seeking prenatal care and receive less adequate care, in which can lead to poorer birth outcomes. //2010//

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	4.0	0.0	0.0	4.0	
Numerator	2	0	0	2	
Denominator	49426	49532	49606	49606	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total number of children age 14 and younger for 2008 were not reported on time at this time. But an estimated amount of child age 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

But the number of unintentional injuries with children 14 years and younger were reported from by the EMSC Office were 5 but it is still Provisional data.

Notes - 2007
The death data for 2007 was hand counted, however, the cause of death was not.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/ Heath Status Indicator 03A: The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger and the death rate of these children 14 years and younger were not available at this time. But an estimated amount of children aged 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.
But the Guam Police Department were not able to obtain the unintentional injuries among

children aged 14 years and younger.

2008 Office of Highway Safety Statistics reported: 8 total fatalities within the 0-14 years old and below. The Emergency Medical Services Per E-911, reported the total minor and major crash data for calendar year 2008 is 965. Crash-related injuries are based on minor and major injuries that requires transport to a medical facility.

The BFHNS is now working closely with Office of Highway Safety with the Department of Public Works, in which the OHS work hand in hand with DPHSS BFHNS staff to educate the public on the Car Seat Safety. The Office of Highway Safety to train 4 Community Health Nurses to become child passenger safety technicians. They were trained by the National Highway Transportation Safety Administration (NHTSA) child passenger safety instructors and are now nationally certified to educate parents on the importance of child restraint systems. In addition, the Community Health Nursing Supervisor was also trained as the only NHTSA certified instructor on Guam. She coordinates and oversees the certification and instruction of the island's certified technician program on Guam.

Current Activities:
To date the Community Health Nurses have participated in the following activities:
- ***Child Passenger Safety Training, January 2008, 2 Nurses, Saipan***
- ***Child Passenger Safety Training, August 2008, 2 Nurses, Guam***
- ***Transporting Children with Special Needs, September 2008, Indiana***
- ***Child Passenger Safety Community Education Classes, February 2008, GMHA Nurses and Public Health Nurses***
- ***Child Passenger Safety Carseat Checkup Stations-August 2008, CostULess ; September 2008, Agana Shopping Center;***
- ***Child Passenger Safety Fair, GPO, September 2008***
- ***Child Passenger Safety Education, Postpartum Newborn Visits, 810 couplets.***

This participate will help to decrease the death rate from unintentional injuries among children aged 14 years and younger. The BFHNS Administrator is currently working with the Program Coordinator IV of the Chronic Screening program to continue to be a Sub Grantee to the OHS Grant. //2010//

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	4.0	0.0	0.0	0.0	
Numerator	2	0	0	0	
Denominator	49426	49532	49606	49606	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
There is no data stated because due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different

areas of DPHSS is assisting the Vital Statistics at this time. But total number of children age 14 and younger for 2008 were not reported on time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The Department of Public Works Division of Highway Safety Statistics reported a total of 8 children died were younger the age of 14 years and younger were reported from motor vehicle crashes.

The data is still Provisional

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/
Health Status Indicator 03B: The death rate per 100,000 for unintentional injuries among

children age 14 years and younger due to motor vehicle crashes.

The HSI#03A and HSI#03B, have the same goal of decreasing the death rate of children among 14 years and younger. The main prevention technique is Public Education and Awareness to everyone in the community. It's community that needs the community to be part of the solution.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger and the death rate of these children 14 years and younger were not available at this time. But an estimated amount of children aged 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.
The Guam Police Department were not able to obtain the unintentional injuries due to motor vehicle crashes among children aged 14 years and younger.

The 2008 Office of Highway Safety Statistics reported: 8 total fatalities within the 0-14 years old and below. The Emergency Medical Services Per E-911, reported the total minor and major crash data for calendar year 2008 is 965. Crash-related injuries are based on minor and major injuries that requires transport to a medical facility.

The BFHNS is now working closely with Office of Highway Safety with the Department of Public Works, in which the OHS work hand in hand with DPHSS BFHNS staff to educate the public on the Car Seat Safety. The Office of Highway Safety to train 4 Community Health Nurses to become child passenger safety technicians. They were trained by the National Highway Transportation Safety Administration (NHTSA) child passenger safety instructors and are now nationally certified to educate parents on the importance of child restraint systems.
Current Activities:
To date the Community Health Nurses have participated in the following activities:
- ***Child Passenger Safety Training, August 2008, 2 Nurses, Guam***
- ***Child Passenger Safety Community Education Classes, February 2008, GMHA Nurses and Public Health Nurses***
- ***Child Passenger Safety Carseat Checkup Stations-August 2008, CostULess ; September 2008, Agana Shopping Center;***
- ***Child Passenger Safety Fair, GPO, September 2008***

This participation will help to decrease the death rate from unintentional injuries among children aged 14 years and younger. The BFHNS Administrator is currently working with the Program Coordinator IV of the Chronic Screening program to continue to be a Sub Grantee to the OHS Grant. //2010//

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	26077	26702	27461	27461	
Check this box if you cannot report the numerator					

because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 15 to 24 years of age were not available at this time. But an estimated amount of youths between the ages of 15-24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The DPW Office of Highway Stafety did not have the data available at this time. Next year BFHNS will establish a Memo to be sent out in January o to inform them what data can be collected and when the due date is set on, to obtain that data from them.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Narrative:

/2010/ Health Status Indicator 03C: The death rate per 100,000 for unintentional injuries among children age 14 years and younger due to motor vehicle crashes.

The HSI#03A and HSI#03B, HSI 03C all have the same goal of decreasing the death rate of children among 15 - 24 years. The main prevention technique is Public Education and Awareness to everyone in the community. It's community that needs the community to be part of the solution.

/2010/ Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 15 - 24 years and the death rate of these children 15 - 24 years were not available at this time. But an estimated amount of children aged 15 - 24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The Guam Police Department were not able to obtain the unintentional injuries due to motor vehicle crashes among children aged 15-24 years and younger. 2008 Office of

Highway Safety Statistics had no report yet.

The Emergency Medical Services Per E-911, reported the total minor and major crash data for calendar year 2008 is 965. Crash-related injuries are based on minor and major injuries that requires transport to a medical facility.

The BFHNS is now working closely with Office of Highway Safety with the Department of Public Works, in which the OHS work hand in hand with DPHSS BFHNS staff to educate the public on the Car Seat Safety. The Office of Highway Safety to train 4 Community Health Nurses to become child passenger safety technicians. They were trained by the National Highway Transportation Safety Administration (NHTSA) child passenger safety instructors and are now nationally certified to educate parents on the importance of child restraint systems.
Current Activities:
To date the Community Health Nurses have participated in the following activities:
- ***Child Passenger Safety Training, August 2008, 2 Nurses, Guam***
- ***Child Passenger Safety Community Education Classes, February 2008, GMHA Nurses and Public Health Nurses***
- ***Child Passenger Safety Fair, GPO, September 2008***

This participation will help to decrease the death rate from unintentional injuries among children aged 14 years and younger. The BFHNS Administrator is currently working with the Program Coordinator IV of the Chronic Screening program to continue to be a Sub Grantee to the OHS Grant.
Future Activities:
- ***Conduct more community education classes.***
- ***Active participation with Office of Highway Safety Partners for Highway Safety Coalition for public education activities. //2010//***

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	49426	49532	49606	49606	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children aged 14 years and younger were not available at this time. But an estimated amount of children 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time. Plan for year BFHNS Office will establish a Memo to be sent out in January o to inform them what data can be collected and when the due date is set on, to obtain that data from them for the neext Annual Report.

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/ Health Status Indicator 04A: The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.
Again with HSI #03A, #03B, #03C, and #04A, also have the same goal to decrease the nonfatal injuries among children aged 14 years and younger. Current activities and future plans all lead to education, training, and public awareness.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available

at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger, and the death rate of these children 14 years and younger were not available at this time. But an estimated amount of children aged 15 - 24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The Guam Police Department were not able to obtain the unintentional injuries due to motor vehicle crashes among children aged 14years and younger.

The Emergency Medical Services Per E-911, reported the total minor and major crash data for calendar year 2008 is 965. Crash-related injuries are based on minor and major injuries that requires transport to a medical facility.

The BFHNS is now working closely with Office of Highway Safety with the Department of Public Works, in which the OHS work hand in hand with DPHSS BFHNS staff to educate the public on the Car Seat Safety. The Office of Highway Safety to train 4 Community Health Nurses to become child passenger safety technicians. They were trained by the National Highway Transportation Safety Administration (NHTSA) child passenger safety instructors and are now nationally certified to educate parents on the importance of child restraint systems.
Current Activities:
To date the Community Health Nurses have participated in the following activities:
- ***Child Passenger Safety Training, August 2008, 2 Nurses, Guam***
- ***Child Passenger Safety Community Education Classes, February 2008, GMHA Nurses and Public Health Nurses***
- ***Child Passenger Safety Fair, GPO, September 2008***

Future Activities:
- ***Conduct more community education classes and include other childhood injuries.***
- ***Active participation with Office of Highway Safety Partners for Highway Safety Coalition for public education activities. //2010//***

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	49426	49532	49606	49606	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger were

not available at this time. But an estimated amount of youths ages of 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The DPW Office of Highway Stafety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time. Plan for year BFHNS Office will establish a Memo to be sent out in January o to inform them what data can be collected and when the due date is set on, to obtain that data from them for the next Annual Report.

Also 2008 total number of youth of 14 years and younger, due to the recent transfer of the MCH Program Coordinator IV, the present BFHNS Administrator is unaware where the PC IV obtained even with the statement of the Staff Shortage of the Office of Vital Statistics.

Notes - 2007
The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006
Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:

/ 2010/ Health Status Indicator 04B: The rate per 100, 000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

The HSI #04A and #04B indicators are alike and both have the same goal and similar activities to decrease the rate of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger. The similar prevention activities are prevention starts with public education and awareness.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger and the death rate of these children 14 years and younger were not available at this time. But an estimated amount of children aged 14 years and younger from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The Guam Police Department were not able to obtain the unintentional injuries due to motor vehicle crashes among children aged 14 years and younger. 2008 Office of Highway Safety Statistics reported 8 total fatalities
0-14 years old and below.

The Emergency Medical Services Per E-911, reported the total minor and major crash data for calendar year 2008 is 965. Crash-related injuries are based on minor and major injuries that requires transport to a medical facility.

The BFHNS is now working closely with Office of Highway Safety (OHS) with the Department of Public Works, in which the OHS work hand in hand with DPHSS BFHNS staff to educate the public on the Car Seat Safety. The OHS to train 4 Community Health Nurses to become child passenger safety technicians. They were trained by the National Highway Transportation Safety Administration (NHTSA) child passenger safety instructors and are now nationally certified to educate parents on the importance of child restraint systems.
Activities:
To date the Community Health Nurses have participated in the following activities:

- Child Passenger Safety Training, August 2008, 2 Nurses, Guam
- Child Passenger Safety Community Education Classes, February 2008, GMHA Nurses and Public Health Nurses
- Child Passenger Safety Fair, GPO, September 2008

This participation will help to decrease the death rate from unintentional injuries among children aged 14 years and younger. The BFHNS Administrator is currently working with the Program Coordinator IV of the Chronic Screening program to continue to be a Sub Grantee to the OHS Grant.
Future Activities:

- Conduct more community education classes with GPD, EMS, GFD, and GPSS and implement some topics in the DPHSS monthly EPCC .
- Active participation with Office of Highway Safety Partners for Highway Safety Coalition for public education activities.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	

Denominator	26077	26702	27461	27461	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 15 - 24 years of age were not available at this time. But an estimated amount of youths between the ages of 15 - 24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,934.

The DPW Office of Highway Safety, Guam Police Department, EMC Office, and Guam Fire Department did not have the data available at this time. Plan for year BFHNS Office will establish a Memo to be sent out in January to inform them what data can be collected and when the due date is set on, to obtain that data from them for the next Annual Report.

Also 2008 total number of youth of 15 - 24 years of age, due to the recent transfer of the MCH Program Coordinator IV, the present BFHNS Administrator is unaware where the PC IV obtained even with the statement of the Staff Shortage of the Office of Vital Statistics.

Notes - 2007

The data for 2006 and 2007 births has not been keyed into the Vital Statistics data files. The 2006 birth year has only had 36% of records keyed, and 2007 has not been started. The primary reason is a continuing lack of staff support for data entry, as well as a continuing lack of staff for the Office of Vital Statistics. In addition to the 40% vacancy rate the Office has had since 1999, they were given additional duties in January 2007 with no provisions made for additional funding or staff. These additional duties (marriage license applications) take up the time that had been used in the past for keying of data. During 2008, for short and sporadic periods, the Office has been able to garner some assistance from student helpers, but this assistance has not been consistent enough to complete the keying of data. The Registrar has requested the use of Community Work Experience Program (CWEP) participants since 2006, but has been told that the program is unable to place any participants in her office, due to a funding shortage in the program. The Registrar has requested clerical assistance from other programs in the Division of Public Health, but these requests have not been responded to.

Notes - 2006

Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three

computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/
Health Status Indicator 04C:
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Again with HSI #03A, #03B, #03C, #04A, $04B all have the same goal to decrease the nonfatal injuries among children aged 15 to 24 years. Current activities and future plans all lead to education, training, and public awareness.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger, and the death rate of these children 15 - 32 years were not available at this time. But an estimated amount of children aged 15 - 24 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 49,555.

The Guam Police Department were not able to obtain the unintentional injuries due to motor vehicle crashes among children aged 15 to 24 years.

The Emergency Medical Services Per E-911, reported the total minor and major crash data for calendar year 2008 is 965. Crash-related injuries are based on minor and major injuries that requires transport to a medical facility. The Administrator is also a member of the Emergency Medical Services Commission, and together with Guam Fire Department, Guam Police Department , Guam Memorial Hospital Emergency Room Physicians and nurses, 911 staff and Federal Fire Department meet quarterly to discuss issue that would increase and improve emergency services to the community.

Prevention is the key for this age group because they are in developmental stage of learning about themself, life, and enjoy being part of the group. So peer pressure can increase their chance to involved themselves with risky activities that can lead to a nonfatal injuries or motor vehicle crashes. So getting into their level and making them aware of danger of risk taking behaviors and having them problem solve issues, may help them keep from dangers. So promoting increase self esteem and empowering them to keep safe for them and their future, during high school presentation and community outreaches. //2010//

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	53.9	52.9	0.0	47.4	
Numerator	228	231	0	213	
Denominator	4230	4365	4496	4496	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women 15-9 years of age were not available at this time. But an estimated amount of women between the ages of 15-19 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 7,587.

The number of Chlamydia reported for 2008 in women were 578 cases from the DPHSS BCDC STD/HIV Program Reportable Cases Report. The report could not break down the Chlamydia by ages so we could not state it on the data field. So the data is still Provisional.

Notes - 2007
The numerator is both male and female cases.

Notes - 2006
Numerator is all youth aged 15 through 19.
Denominator is women aged 15 through 17

Narrative:
/ 2010/ Health Status Indicator 05A: The rate per 100, 000 of women age 15 through 19 years with a reported case of chlamydia.
This HSI #05A main goal is to decrease the rate of women between ages of 15 to 19 years. This STD is the highest STD . The similar prevention activities are prevention starts with public education and awareness.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of youths aged 14 years and younger. But an estimated amount of women 15 to 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 7,587.

The BCDC STD Program reported for 2008, Total number of Chlamydia is 690 cases, 112 cases were Males and 578 cases were Females. The STD Program did not report the ages of the Chlamydia cases. Chlamydia is the highest STD on Guam for 2008.

Current Activities that MCH Program to decrease the cases of Chlamydia within the women ages of 15 to 19 years of age are; to continue to educated to all adolescents in the clinic and outreaches on prevention of STD, informing them about the facts and the myths of STDs, To

continue to present STD prevention during the GPSS middle and high schools adolescent health presentation, Continue to have one NP accompany the Family Planning Program or BFHNS staff to the school presentation, continue to educate the youths at the "Youth $ Youth" Conferences, and continue the providers at the centers to assess and implement teachings to at-risk youths on STDs prevention, and promote STD awareness during any outreach activities. //2010//

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	14.9	15.8	0.0	14.4	18.7
Numerator	554	594	0	546	578
Denominator	37125	37497	37848	37848	30932
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women 20 - 44 years of age were not available at this time. Bu an estimated amount of women between the ages of 20 - 44 years from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, 30,932.

The number of Chlamydia reported for 2008 in women were 578 cases from the DPHSS BCDC STD/HIV Program Reportable Cases Report.

Notes - 2007

The numerator is male amd female cases.

Notes - 2006

Loss of professional staff in the Chief Public Health Office and additional mandated responsibilities for the Office of Vital Statistics hampered data collection and analysis in Grant Year 2006. Additional computers for use by the Vital Statistics staff were prepared with the programs and databases needed for keying of birth, death, fetal death, marriage and divorce data. However, during the passage of the FY07 budget act, the responsibilities of marriage license registration were moved from the Department of Revenue and Taxation to the Office of Vital Statistics, to begin January 1, 2007. Unfortunately, no additional funding for staff, equipment, or supplies was budgeted, so the three existing permanent staff had to absorb the registration duties. Space previously used for keying data is now utilized for marriage license registration. The three computers which replaced older ones for vital statistics keying were eventually set up in a rear area of the office space. With the added duties and awkward placement of the computers, the Vital Statistics

staff cannot easily move from responding to counter requests to keying data as they had in the past, and little to no keying was completed during the grant year. Requests for augmentation of staff have been answered with the part-time assistance of one person in the Community Work Eligibility Program (CWEP) administered by the Division of Public Welfare.

The Planner/Biostatistician transferred to another Division

Narrative:
/2010/ Health Status Indicator 05A: The rate per 100, 000 of women age 20 through 44 years with a reported case of chlamydia.
This HSI #05A main goal is to decrease the rate of women between ages of 20 to 44 years. This STD is the highest STD . The similar prevention activities are prevention starts with public education and awareness.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of women 20 to 44 years of age. But an estimated amount of women 20 to 44 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 28,938.

The BCDC STD Program reported for 2008, Total number of Chlamydia is 690 cases, 112 cases were Males and 578 cases were Females. The STD Program did not report the ages of the Chlamydia cases. Chlamydia is the highest STD on Guam for 2008.

Current Activities that MCH Program to decrease the cases of Chlamydia within the women ages of 20 to 44 years of age are; to continue to educated to all women's health, family planning, STD clinics and outreaches on prevention of STD, informing them about the facts and the myths of STDs, To continue to present STD prevention during the EPCC, Parenting, Breastfeeding presentations, continue to educate during Immunization outreaches, heath fairs, health screening activities, and continue the providers at the centers to assess and implement teachings to at-risk women on STDs prevention, and promote STD awareness during any outreach activities //2010//

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	3180	140	30	0	686	1610	681	33
Children 1 through 4	13801	516	120	0	3094	7104	2838	129
Children 5 through 9	16578	680	30	0	4034	8299	3271	264
Children 10 through 14	15858	644	80	0	4181	7840	2904	209
Children 15	13906	595	100	0	3836	6863	2364	148

through 19								
Children 20 through 24	14247	653	125	0	4042	7329	1213	885
Children 0 through 24	77570	3228	485	0	19873	39045	13271	1668

Notes - 2010
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of infants 0 - 1 year of age and the ethicity were not available at this time.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 1-4 years of age and the ethicity were not available at this time.

But an estimated amount of children 1 - 4 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,950.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 5 - 9 years of age and the ethicity were not available at this time.

But an estimated amount of children 5 - 9 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 17,172.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 10 - 14 years of age and the ethicity were not available at this time.

But an estimated amount of children 110 -14 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,433.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 15 - 19 years of age and the ethicity were not available at this time.

But an estimated amount of children 15 - 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,498.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 20 - 24years of age and the ethicity were not available at this time.

But an estimated amount of children 20 - 24 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 13,438.

Narrative:
/2010/ Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of infants 0 to 1 year, children 1 to 4 years, 5 to 9 years, 100 to 14, 15 to 10 years, 20 to 24 years of age were not available at this time. But an estimated amount of women between the ages:
0 to 1 year: not available
1 to 4 years: 15,950
5 to 9 years: 17,172
10 to 14 years: 16,433
15 to 19 years: 15,498
20 to 24 years: 13,833 from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 51,095.

The different programs at the DPHSS don't all collect client's ethnicity, but now they are aware that the MCH would like to collect this information, some programs and the BFHNS will start to collect Ethnicity and ages.

//2010//

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	3180	0	0
Children 1 through 4	13801	0	0
Children 5 through 9	16578	0	0
Children 10 through 14	15858	0	0
Children 15 through 19	13906	0	0
Children 20 through 24	14247	0	0
Children 0 through 24	77570	0	0

Notes - 2010
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 1-4 years of age and the ethicity were not available at this time.

But an estimated amount of children 1 - 4 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,950.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 1-4 years of age and the ethicity were not available at this time.

But an estimated amount of children 1 - 4 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,950.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 5 - 9 years of age and the ethicity were not available at this time.

But an estimated amount of children 5 - 9 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 17,172.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 10 - 14 years of age and the ethicity were not available at this time.

But an estimated amount of children 10 -14 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 16,433.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 15 - 19 years of age and the ethicity were not available at this time.

But an estimated amount of children 15 - 19 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 15,498.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 20 - 24 years of age and the ethicity were not available at this time.

But an estimated amount of children 20 - 24 years of age from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 13,438.

Narrative:
/2010/ Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of infants 0 to 1 year, children 1 to 4 years, 5 to 9 years, 100 to 14, 15 to 10 years, 20 to 24 years of age were not available at this time. But an estimated amount of women between the ages:
0 to 1 year: not available
1 to 4 years: 15,950

5 to 9 years: 17,172
10 to 14 years: 16,433
15 to 19 years: 15,498
20 to 24 years: 13,833 from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 51,095.

Some programs from the DPHSS don't all collect ages and Ethnicity at the same time, so now that they aware of MCH's data collections, some programs and BFHNS will start collecting ages and ethnicity at the same time.

Another activity that will improve data collection within agencies is the Guam Early Hearing Detection and Interventions (GEHID) Child Link system and the Guam Immunization WEBIZ program. These two systems are in the DPHSS BFHNS clinic and community health nursing areas. Staff input to these systems and slowly reports will be generated to obtain this data soon.

The DPHSS Office of Vital Statistics will be working with the Child Link program on a special project related to data collection with GMHA and DPHSS. //2010//

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	3	0	0	0	0	3	0	0
Women 15 through 17	117	1	0	0	10	106	0	0
Women 18 through 19	230	5	5	0	30	190	0	0
Women 20 through 34	2564	186	20	0	596	1676	0	86
Women 35 or older	504	35	1	0	201	250	0	17
Women of all ages	3418	227	26	0	837	2225	0	103

Notes - 2010
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported of 3,466 on time but no other data was provided at this time.

GMHA reported 43 deliveries of women less than 16 years of age but no ethicity at this time.

Data is still Provisional.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital

Statistics at this time. But total births for 2008 were reported of 3,466 on time but no other data was provided at this time.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported of 3,466 on time but no other data was provided at this time.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported of 3,466 on time but no other data was provided at this time.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported of 3,466 on time but no other data was provided at this time.

But GMHA stated 340 women were 35 or older that delivered in 2008 but no ethicity obtained.

Data is still Provisional

Narrative:
/2010/
Due to the Guam DPHSS Vital Statistics Office staff shortage and the delay of vital stats on Women's Health data, this can delay new policies, activities, and current status of Guam Women's Health Care. Program coordinators, physicians, nurse practitioners, quality control personnel, nursing staff, and other women's health program/organizations, need to be updated on the current population that Guam's MCH program is serving, to plan for increase services or improve services. This data is used to also help in planning the MCH program and BFHNS Proposed Budget Plan, the total encounters that the bureau serves assists in justifying the increase budget proposed. Studying the ethnicity that our programs serve also helps the DPHSS, Bureaus, and Programs plan of affective activities to increase access or motivation for these clients to return to our programs.

The MCH staff and nursing staff need these data to forecast the future clinics, outreaches, and activities with other agencies, to improve objectives, and services. The health educators need these data to improve their teaching styles and evaluations. Nurses need the data to keep managers aware of the present populations and plan for more services and review policies. Women's Health Providers meet quarterly to review policies and services, and they also use these data to discuss improvements or other ways to handle certain diagnosis or issues within the MCH program.

The programs that meet with BFHNS on these Maternal Health issues are the Breast and Cervical program, Chronic Disease Control Programs, WIC program, Tobacco Free Guam program, Guam Cancer Comprehensive Coalition,, the Breastfeeding Coalition, Healthy Mother Healthy Babies Coalition, Child Immunization Program, Dental Program, EMSC Coalition, Homeless Coalition, and the Bureau of Primary Care Services.
//2010//

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	3	0	0
Women 15 through 17	117	0	0
Women 18 through 19	233	0	0
Women 20 through 34	2555	0	0
Women 35 or older	506	0	0
Women of all ages	3414	0	0

Notes - 2010
Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. But total births for 2008 were reported of 3,466 on time but no other data was provided at this time.

GMHA reported 43 deliveries of women less than 16 years of age but no ethicity at this time.

Data is still Provisional.

Narrative:
/2010/ Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of infants 0 to 1 year, children 1 to 4 years, 5 to 9 years, 100 to 14, 15 to 10 years, 20 to 24 years of age were not available at this time. But an estimated amount of women between the ages:
Women < 15: 24497
1 to 4 years: 15,950
5 to 9 years: 17,172
10 to 14 years: 16,433
15 to 19 years: 15,498
20 to 24 years: 13,833 from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 51,095.

Some programs from the DPHSS don't all collect ages and Ethnicity at the same time, so now that they aware of MCH's data collections, some programs and BFHNS will start collecting ages and ethnicity at the same time.

Another activity that will improve data collection within agencies is the Guam Early Hearing Detection and Interventions (GEHID) Child Link system and the Guam Immunization WEBIZ program. These two systems are in the DPHSS BFHNS clinic and community health nursing areas. Staff input to these systems and slowly reports will be generated to obtain this data soon.

The DPHSS Office of Vital Statistics will be working with the Child Link program on a special project related to data collection with GMHA and DPHSS. //2010//

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	34	1	0	0	0	33	0	0
Children 1 through 4	8	4	0	0	0	4	0	0
Children 5 through 9	3	0	0	0	0	3	0	0
Children 10 through 14	10	5	0	0	1	4	0	0
Children 15 through 19	17	1	1	0	3	12	0	0
Children 20 through 24	83	3	1	0	14	65	0	0
Children 0 through 24	155	14	2	0	18	121	0	0

Notes - 2010

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 0 - 1 years of age and the ethicity were not available at this time.

But an GMHA provided and stated there was 45 infant deaths between 0 - 1 year of age.

Data is still provisional.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 1 - 4 years of age and the ethicity were not available at this time.

But an GMHA provided and stated there was 45 infant deaths between 1 - 4 year of age.

Data is still provisional.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 5 - 9 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 10 - 14 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 15 - 19 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 20 - 24 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time

Narrative:
/2010/ HSI 08A goal is to decrease infant and children deaths and again prevention and public awareness with injury and traffic safety is a key element to this goal.

Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths with infants and children from 0 to 1 year, children 1 to 4 years, 5 to 9 years, 100 to 14, 15 to 10 years, 20 to 24 years of age were not available at this time. But an estimated amount of women between the ages:
0 to 1 year: not available
1 to 4 years: not available
5 to 9 years: not available
10 to 14 years: not available
15 to 19 years: not available
0 to 24 years: not available
from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau. were not available.

The DPHSS Office of Vital Statistics will be working with the Child Link program on a special project related to data collection with GMHA and DPHSS.

Reported last year in 2007, the infant mortality rate (deaths per 1,000 live births) on Guam was 10.28%, in 2006, it was 13.47%. The health status indicator for Guam is 9 per 1,000 live births (2006 preliminary data). The target for the infant mortality rate set by Healthy People 2010 is that no more than 4.5 deaths per 1,000 live births should occur in any population group of geographical area. But what GMHA reported for 2008 a total of deaths between 1 month to 1 year was 45 deaths. That data seems high for that year.

Maternal age (16 years of age and > than 35 years) can definitely contribute to very low birth weight or large for gestational age infants, these can be some risk factors to infants mortality. Disparities also may also exist based upon race/ethnicity and to a greater extent, age or insurance status. Improvement in birth outcomes and the ultimate goal of reducing infant mortality for these particular sub populations of pregnant women will require narrowly tailored and targeted interventions. Again early prenatal care can prevent infant

Deaths among older children are often attributable to injury. motor vehicle accidents, or suicide, Future plans is to obtain more training on suicide prevention and educating the youths on injury prevention, and continue awareness of car seat and traffic safety education activities with Office of Highway Safety, Guam Police Department, and Emergency Medical Services.

To also continue to BFHNS representation with the Guam EMSC Commission and participate with their activities throughout the community. //2010//

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	42	0	0
Children 1 through 4	4	0	0
Children 5 through 9	3	0	0
Children 10 through 14	5	0	0
Children 15 through 19	16	0	0
Children 20 through 24	63	0	0
Children 0 through 24	133	0	0

Notes - 2010

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 0 - 1 years of age and the ethicity were not available at this time.

But an GMHA provided and stated there was 45 infant deaths between 0 - 1 year of age.

Data is still provisional.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 1 - 4 years of age and the ethicity were not available at this time.

But an GMHA provided and stated there was 45 infant deaths between 1 - 4 year of age.

Data is still provisional.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 5 - 9 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 10 - 14 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 15 - 19 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time..

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths of children 20 - 24 years of age and the ethicity were not available at this time.

Last year in 2007, the Death Data was available and stated. but this year 2008 data on deaths on Guam are not available at this time

Narrative:

/2010/ HSI 08B goal is to decrease infant and children deaths and again prevention and public awareness with injury and traffic safety is a key element to this goal.

Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of deaths with infants and children from 0 to 1 year, children 1 to 4 years, 5 to 9 years, 100 to 14, 15 to 10 years, 20 to 24 years of age were not available at this time. But an estimated amount of women between the ages:
0 to 1 year:
1 to 4 years:
5 to 9 years:
10 to 14 years:
15 to 19 years:
0 to 24 years:
from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau. were not available.

The DPHSS Office of Vital Statistics will be working with the Child Link program on a special project related to data collection with GMHA and DPHSS. Child Link is a dta collection program from the Guam EHDI.

Reported last year in 2007, the infant mortality rate (deaths per 1,000 live births) on Guam was 10.28%, in 2006, it was 13.47%. The health status indicator for Guam is 9 per 1,000 live births (2006 preliminary data). The target for the infant mortality rate set by Healthy People 2010 is that no more than 4.5 deaths per 1,000 live births should occur in any population group of geographical area. But what GMHA reported for 2008 a total of deaths between 1 month to 1 year was 45 deaths. That data stated from GMHA is an increase in mortality incidence for 2008.

Again Maternal age (16 years of age and > than 35 years) can definitely contribute to very low birth weight or large for gestational age infants, these can be some risk factors to infants mortality. Disparities also may also exist based upon race/ethnicity and to a greater extent, age or insurance status. Improvement in birth outcomes and the ultimate goal of reducing infant mortality for these particular sub populations of pregnant women will require narrowly tailored and targeted interventions. Early Prenatal Care is a key action for better outcome.

Deaths among older children are often attributable to injury. motor vehicle accidents, or suicide, Future plans is to obtain more training on suicide prevention and educating the youths on injury prevention, and continue awareness of car seat and traffic safety education activities with Office of Highway Safety, Guam Police Department, and Emergency Medical Services.

To also continue to BFHNS representation with the Guam EMSC Commission and participate with their activities throughout the community. The awareness on ethnicity with death rates needs to considered to be collected for the next reporting year to other agencies who are monitoring these stats.

Other elements of injury with this 19 to 24 years is DUI incidents or crashes, Alcohol and drugs can add to these injuries or deaths. //2010/

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native**	**Asian**	**Native Hawaiian or Other**	**More than one race**	**Other and Unknown**	**Specific Reporting Year**

				Alaskan		Pacific Islander	reported		
All children 0 through 19		0	0	0	0	0	0	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid		0	0	0	0	0	0	0	2008
Number enrolled in SCHIP		0	0	0	0	0	0	0	2008
Number living in foster home care		0	0	0	0	0	0	0	2008
Number enrolled in food stamp program		0	0	0	0	0	0	0	2008
Number enrolled in WIC		0	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008

Notes - 2010
Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877 and estimated 0 - 19 years of children in Guam at 2008 wias 65,053.

Narrative:
/2010/ Health Status Indicator 09A:
Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race.

The MCH program staff are in contact with these different program that serve this population and has made them aware of what the MCH program is involved in and how this information will assist in improving services to women and children in our population. Some programs collect these data but they all don't collect the ethnicity of each of their clients for 2008. But at the present they are designing their data system to collect this information.

The BFHNS and the MCH program staff will get more involve with the Division of Public Welfare in activities related Medicaid program, Public Welfare, WIC, Child Protective Services, Guam Public School System, and Foster Care.

The BFHNS Administrator is a member of the Head Start Program Advisory group, the

Guam Early Inter agency Council (work closely with Child Protective Services and Foster Care), and the Homeless Coalition. The BFHNS staff provides services to the Department of Youth Affairs clients and staff; presentations for Staff Development and the clients, and also provide health screenings to these clients. the nursing staff provide a monthly Immunization clinic at the WIC Office for their WIC clients, participates in different Health fairs between the DPHSS and other agencies, also BFHNS Family Planning Program staff is a member of the Guam Disabilities and Development Council, and our CSHCN staff works closely with GPSS Special Education Division.

As stated in Census projections, there were an estimated 64,453 infants and children aged 0 through 19 on Guam in 2008. Approximately, 5% of children were reported to live in households headed by single parents in 2006.

According to Guam education statistics, for school year 2005/06, the high school dropout rate for Guam youth, 9 through 12 years old, has been holding steadily at 8%. Leaving high school before graduation is known to lead to continued poverty and a higher incidence of juvenile arrests. For the same time period, 462 juveniles were arrested.

As stated in the 2008 Census projections, 40% of the population corresponds to the MCH population group. This includes 64,453 or 38% children and adolescents up to 19 years old; and 38,519 or 25% women between 15-44 years. The median age of the population was 27.9 years old.

By looking at the numbers of children in certain programs such as WIC and Food Stamps it is apparent that poverty is affecting their lives, but families are also connected to services. //2010//

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	0	0	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	0	0	0	2008
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	0	0	0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2008

Notes - 2010

Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877 and estimated 0 - 19 years of children in Guam at 2008 wias 65,053.

Narrative:
/2010/ Health Status Indicator 09B:
Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race.

The MCH program staff are in contact with these different program that serve this population and has made them aware of what the MCH program is involved in and how this information will assist in improving services to women and children in our population. Some program collect these data but they all don't collect the ethnicity of each of their clients for 2008. But at the present they are designing their data system to collect this information with Hispanics or Latino population.

The BFHNS and the MCH program staff will get more involve with the Division of Public Welfare in activities related Medicaid program, Public Welfare, WIC, Child Protective Services, Guam Public School System, and Foster Care.

The BFHNS Administrator is a member of the Headstart Program Advisory group, the Guam Early Inter agency Council (work closely with Child Protective Services and Foster Care), and the Homeless Coalition. The BFHNS staff provide services to the Department of Youth Affairs clients and staff; presentations for Staff Development and the clients, and provide health screenings to these clients also. the nursing staff provide a monthly Immunization clinic at the WIC for their clients, participate in different Health fairs between the DPHSS and other agencies, also our Family Planning staff is a member of the Guam Disabilities and Development Council, and our CSHCN staff works closely with GPSS Special Education Division.

As stated in Census projections, there were an estimated 64,453 infants and children aged 0 through 19 on Guam in 2008. Approximately, 5% of children were reported to live in households headed by single parents in 2006.

According to Guam education statistics, for school year 2005/06, the high school dropout rate for Guam youth, 9 through 12 years old, has been holding steadily at 8%. Leaving high school before graduation is known to lead to continued poverty and a higher incidence of juvenile arrests. For the same time period, 462 juveniles were arrested.

As stated in the 2008 Census projections, 40% of the population corresponds to the MCH population group. This includes 64,453 or 38% children and adolescents up to 19 years old; and 38,519 or 25% women between 15-44 years. The median age of the population was 27.9 years old.

These data are complex and tell many stories. By looking at the numbers of children in certain programs such as WIC and Food Stamps it is apparent that poverty is affecting their lives, but families are also connected to services.

Again with this Indicator awareness of what services are provided to our community and their ethnicity can assist the MCH Program to assess the needs and improve services for a healthier community outcome. //2010//

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0

Living in urban areas	0
Living in rural areas	175877
Living in frontier areas	0
Total - all children 0 through 19	175877

Notes - 2010
Guam is ian sland and not a state, Guam has villages and no cities. Guam is not consider a Metropolitan area.

Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877.

Guam is an island and not a state, Guam has villages and no city. Guam is not consider a Urban area.

Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877.

Guam is an island and not a state, Guam has villages and no cities. Guam may be close to a rural area.

Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877 and estimated 0 -9 years of children in Guam at 2008 wias 65,053.

Guam is an island and not a state, Guam has villages and no cities. Guam is not consider a Frontier area.

Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,8777.

Narrative:
/2010/ Health Status Indicator 10:
Geographic living area for all children aged 0 through 19 years.

The above areas do not apply to Guam, Guam is island with villages with the Pacific Ocean surrounding it. Guam is close to a rural area. So data that needs to be stated may not be true for Guam.

According to the U.S. census conducted in 2000, the population of Guam was 154,805. The 2008 population estimate for Guam is 175,877. As of 2005, the annual population growth is 1.76%. The largest ethnic group are the native Chamorros, accounting for 57% of the total population. Other significant ethnic groups include those of Filipino (25.5%), White (10%) indicates of both European often of Spanish and white American ancestry, and the rest are of Chinese, Japanese and Korean ancestry. Roman Catholicism is the predominant religion, with 85% of the population claiming an affiliation with it. The programmed U.S. military buildup (2010-2014) will cause an unprecedented population increase (approximately 24-25% or 40,000 plus residents) which will significantly impact Guam's very limited and aging infrastructure. The official languages of the island are English and Again
The Department of Public Health and Social Service's Office of Planning and Evaluation tracks, on an annual basis, the geographic living area for all resident children aged 0 through 19 years in order to conduct cross-tabulations by geographic area to target prevention activities in areas most in need. For example, teen birth rates may be highest in

areas with high numbers of teens. Teen pregnancy prevention efforts, therefore, are focused in those communities.

According to information provided by the U.S. Census Bureau, the total population on Guam for the year 2000 was 154,805 inhabitants. There were 38,769 households, of which 6,284 were single-parents, female-headed families who were living below the federal poverty level, compared to 58.5% of families of married couples.

The Guam Census of 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 (latest data on household and Per ca pita Income) due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

Per capita Income for 2003 was $11,254 an increase of $382 or 3.5% from calendar year 2001. The mean Earner's Income for 2003 was $21,778, which was $176 or 0.8% above the calendar year 2001 amount.

The Federal government's 2007 poverty guidelines defines $20,650 as poverty level income for a family of four (poverty level income varies with family size). Many of those living in poverty are working, but earning minimum wage and/or working part-time. Others are receiving public assistance. //2010//

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	175877.0
Percent Below: 50% of poverty	0.0
100% of poverty	0.0
200% of poverty	0.0

Notes - 2010
Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877.

The data for Percent Below 50% of pvertay level for Guam is not available at this time, because it has not be calculate yet of the year 2008. So programs within the DPHSS have this data for their clients, for example WIC, Medicaid, and Community Health Centers, but that data needed on this form needs to state the 50%of Poverty level for Guam. So that's why Guam MCH placed "0" on that area.

The data for Percent Below 100% of pvertay level for Guam is not available at this time, because it has not be calculate yet of the year 2008. So programs within the DPHSS have this data for their clients, for example WIC, Medicaid, and Community Health Centers, but that data needed on this form needs to state the 100%of Poverty level for Guam. So that's why Guam MCH placed "0" on that area.

The data for Percent Below 200% of pvertay level for Guam is not available at this time, because it has not be calculate yet of the year 2008. So programs within the DPHSS have this data for their clients, for example WIC, Medicaid, and Community Health Centers, but that data needed on this form needs to state the 200%of Poverty level for Guam. So that's why Guam MCH placed "0" on that area.

Narrative:
/2010/ Health Status Indicator 11:
Percent of the State population at various levels of the federal poverty

According to the U.S. census conducted in 2000, the population of Guam was 154,805.[11] The 2008 population estimate for Guam is 175,877. As of 2005, the annual population growth is 1.76%.[12] The largest ethnic group are the native Chamorros, accounting for 57% of the total population. Other significant ethnic groups include those of Filipino (25.5%), White (10%) indicates of both European often of Spanish and white American ancestry, and the rest are of Chinese, Japanese and Korean ancestry. Roman Catholicism is the predominant religion, with 85% of the population claiming an affiliation with it. The programmed U.S. military buildup (2010-2014) will cause an unprecedented population increase (approximately 24-25% or 40,000 plus residents) which will significantly impact Guam's very limited and aging infrastructure. The official languages of the island are English and Again
The Department of Public Health and Social Service's Office of Planning and Evaluation tracks, on an annual basis, the geographic living area for all resident children aged 0 through 19 years in order to conduct cross-tabulations by geographic area to target prevention activities in areas most in need. For example, teen birth rates may be highest in areas with high numbers of teens. Teen pregnancy prevention efforts, therefore, are focused in those communities.

According to information provided by the U.S. Census Bureau, the total population on Guam for the year 2000 was 154,805 inhabitants. There were 38,769 households, of which 6,284 were single-parents, female-headed families who were living below the federal poverty level, compared to 58.5% of families of married couples.

The Guam Census of 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 (latest data on household and Per ca pita Income) due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

Per ca pita Income for 2003 was $11,254 an increase of $382 or 3.5% from calendar year 2001. The mean Earner's Income for 2003 was $21,778, which was $176 or 0.8% above the calendar year 2001 amount.

The Federal government's 2007 poverty guidelines defines $20,650 as poverty level income for a family of four (poverty level income varies with family size). Many of those living in poverty are working, but earning minimum wage and/or working part-time. Others are receiving public assistance.

The MCH program continue to work with the Division of Welfare to assist these clients with health issues they may have to deal with needs that may be due to their income and insurance status. Providing free immunization outreaches, free health screenings, Community-based Extended Clinics with BPCS, and free health education to this at-risk community. //2010//

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	65053.0

Percent Below: 50% of poverty	0.0
100% of poverty	0.0
200% of poverty	0.0

Notes - 2010
Estimated populaation for 2008 by the from the 2000 Census of Population and Housing Guam, International Programs Center, U.S. Census Bureau, was 175,877 and estimated 0 - 19 years of children in Guam at 2008 wias 65,053.

The data for Percent Below 50% of pvertay level for children 0 through 19 years in Guam is not available at this time, because it has not be calculate yet of the year 2008. So programs within the DPHSS have this data for their clients, for example WIC, Medicaid, and Community Health Centers, but that data needed on this form needs to state the 50%of Poverty level for Guam. So that's why Guam MCH placed "0" on that area.

Guam Medicaid stated for the poverty level of Medicaid infant (0-1 year of age) and Medicaid pregnant women are at 100% poverty level for Guam.

Guam Community Health Centers stated in their 2008 Annual Report that the Total encounters at their centers for 100% and Below Income Poverty Level was 19.048 encounters at that level.

The data for Percent Below 100% of pvertay level for children 0 through 19 years in Guam is not available at this time, because it has not be calculate yet of the year 2008. So programs within the DPHSS have this data for their clients, for example WIC, Medicaid, and Community Health Centers, but that data needed on this form needs to state the 100%of Poverty level for Guam. So that's why Guam MCH placed "0" on that area.

Guam Medicaid stated for the poverty level of Medicaid infant (0-1 year of age) and Medicaid pregnant women are at 100% poverty level for Guam.

Guam Community Health Centers stated in their 2008 Annual Report that the Total encounters at their centers for 100% and Below Income Poverty Level was 19,048 encounters at that level.

The data for Percent Below 200% of pvertay level for children 0 through 19 years in Guam is not available at this time, because it has not be calculate yet of the year 2008. So programs within the DPHSS have this data for their clients, for example WIC, Medicaid, and Community Health Centers, but that data needed on this form needs to state the 200%of Poverty level for Guam. So that's why Guam MCH placed "0" on that area.

Guam Community Health Centers stated in their 2008 Annual Report that the Total encounters at their centers for over 200% and Below Income Poverty Level was 2,328 encounters at that level.

Narrative:
/2010/ Health Status Indicator 12:
Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2008, the Official data needed for 2008 MCH Annual Report were not all available at this time. One staff was hired recently and other staff from different areas of DPHSS is assisting the Vital Statistics at this time. So the data for total number of children 0 -19 years of age were not available at this time. But an estimated amount of children between the ages of 0 - 19 years from the 2000 Census of Population and Housing Guam,

International Programs Center, U.S. Census Bureau, was 78,489.

According to the U.S. census conducted in 2000, the population of Guam was 154,805.[11] The 2008 population estimate for Guam is 175,877. As of 2005, the annual population growth is 1.76%.[12] The largest ethnic group are the native Chamorros, accounting for 57% of the total population. Other significant ethnic groups include those of Filipino (25.5%), White (10%) indicates of both European often of Spanish and white American ancestry, and the rest are of Chinese, Japanese and Korean ancestry. Roman Catholicism is the predominant religion, with 85% of the population claiming an affiliation with it. The programmed U.S. military buildup (2010-2014) will cause an unprecedented population increase (approximately 24-25% or 40,000 plus residents) which will significantly impact Guam's very limited and aging infrastructure. The official languages of the island are English and Again

According to information provided by the U.S. Census Bureau, the total population on Guam for the year 2000 was 154,805 inhabitants. There were 38,769 households, of which 6,284 were single-parents, female-headed families who were living below the federal poverty level, compared to 58.5% of families of married couples.

The Guam Census of 2000 reported the median household income to be $39,617. The income median has slightly increased to $41,196 in 2003 (latest data on household and Per ca pita Income) due to a slight upward trend in the economy. Prices for goods, however, continue to increase considerably due to the high cost for travel, shipping, and fuel.

The Federal government's 2007 poverty guidelines defines $20,650 as poverty level income for a family of four (poverty level income varies with family size). Many of those living in poverty are working, but earning minimum wage and/or working part-time. Others are receiving public assistance.

The MCH program continue to work with the Division of Welfare to assist these children with health care issues they may have to deal with needs that may be due to their poverty level, income and insurance status. Providing free immunization outreaches, free health screenings, Community-based Extended Clinics with BPCS, and free health education to this at-risk community. //2010//

F. Other Program Activities

/2009/ On February 17, 2007, the Department of Public Health held a mass immunization clinic exercise at the University of Guam Field House to practice the agency's emergency preparedness plan. Participants went through four phases according to the mass immunization plan: registration, medical screening, vaccination, and observation.

Data personnel were on hand to input forms that were handed to participants of the drill. . The analysis will help determine what are benchmarks would be, how realistic mobilization of resources can occur should there be a need to set up various mass immunization sites and what the resources would be required for each site.

Conducted in October 15-19, 2007, the TOPOFF 4 Full-Scale Exercise featured thousands of federal, state, territorial, and local officials. These officials engaged in various activities as part of a robust, full-scale simulated response to a multi-faceted threat. The exercise addressed policy and strategic issues that mobilized prevention and response systems, required participants to make difficult decisions, carry out essential functions, and challenge their ability to maintain a common operating picture during an incident of national significance.

As in a real-world response, agencies and organizations deployed staff into the field and faced realistic incident-specific challenges, including the allocation of limited response resources and exercise actions needed to effectively manage conditions as they emerge. Planning and preparation for the exercise also helped strengthen working relationships between departments and agencies that are critical to successful prevention and response in real emergencies.

The TOPOFF 4 Full-Scale Exercise involved more than 15,000 participants representing federal, state, territorial, and local entities. For the first time, a U.S. Territory, Guam, participated in the TOPOFF series, providing an opportunity to practice coordinated prevention and response activities between the continental U.S. and a U.S. territory. At the federal level, exercise play was marked by the coordinated participation of multiple agencies and departments.

The TOPOFF 4 Full-Scale Exercise was based on National Planning Scenario 11 (NPS-11). The scenario began as terrorists, who have been planning attacks in Oregon, Arizona, and the U.S. Territory of Guam; successfully bring radioactive material into the United States. The first of three coordinated attacks occurred in Guam, with the simulated detonation of a Radiological Dispersal Device (RDD), or "dirty bomb," causing casualties and widespread contamination in a populous area near a power plant. Similar attacks occurred in the hours that follow in Portland and Phoenix.

An RDD is not the same as a nuclear attack. A conventional explosive releases radioactive material into the surrounding area. Although it does not cause the type of catastrophic damage associated with a nuclear detonation, there are severe rescue, health, and long-term decontamination concerns associated with an RDD. Real weapons were not be used in the scenario, but the response will be mounted as if they had been.

Emergency Preparedness

Planning for the participation of the Maternal and Child Health Program in a disaster and response is essential. Such planning includes natural and man-made disasters as well as health emergencies such as a pandemic influenza outbreak. It is the intent of the MCH Program to collaborate and update the emergency plans that exist to be redesigned to be all hazards approach with a clear and unified approach that partners know of and are familiar with the command structure, prior to the incident.

The Bureau of Family Health and Nursing Services is within one of the five divisions of the Department of Public Health and Social Services which is part of the overall response effort in the event of emergencies. BFHNS personnel are first responders and administrative staff has and continue to serve as Response Activity Coordinators (RAC) in preparation for local disasters or emergencies.

As part of the larger picture, MCH staff has participated in the review of the department's emergency plan and upon mobilization; the MCH Program staff are prepared to provide assistance. Direction comes from the agency head and is supported through a declaration by the head of state that Guam is under a state of emergency. Depending on the situation, any requests for resources would be funneled through the RAC serving at the Emergency Operations Center (EOC). During recovery efforts wherein emergency support such as Food Stamps is being applied for, staff may serve a purpose in the operation.

In light with the need to prepare and respond to a potential health crisis, such as a pandemic. Bureau of Family Health and Nursing Services staff helped in the completion of the Division of Public Health's Continuity of Operations Plan (COOP) that would provide clear direction as the level of scaling back of operation should that be warranted during the crisis. This plan is incorporated into the department's overall COOP. Efforts will continue to be made with the MCH Program to have all personnel within the office to have completed ICS 100 and 700 with

supervisors highly encouraged to complete ICS 200, 300, 400, and 800. //2009//

G. Technical Assistance

/2009/
Guam's Title V Technical Assistance Needs include:

Uninsured women

An area that we feel particular concern is the proportion of women of childbearing age who are not insured. We have focused a great deal of our efforts on children and while we have a ways to go to improve in this area, we need to acknowledge that women have higher rates of no insurance than the general population. We would like technical assistance on methods to address this problem. When women have no insurance, they are less likely to plan pregnancy, engage in preventive health care, such as family planning or prenatal care. The most common reason women reported late entry into prenatal care was "no money". If we could ensure that more women had insurance, we would see improvement in intended pregnancy, early prenatal care, etc.

Overweight and Obesity

Given the national trend in overweight and obesity, Guam's public health officials are very concerned about the increasing trend in the state. We want to focus our efforts on women of childbearing ages in terms of prepregnancy weight and weight gain during pregnancy. Prepregnancy weight can be considered a proxy for the weight of all women in these ages and we need to work to ensure that as women prepare for pregnancy they consider their weight along with other possible risk factors, such as medications, chronic health conditions, etc. As women go on to have pregnancies, we want to ensure that they don't continue to keep on unnecessary weight after the pregnancy, compounded by additional pounds with each pregnancy. We would like technical assistance on promotion of healthy weight among women of childbearing ages.

Guam would like to suggest that MCHB consider providing regionally based, annual updates regarding the MCH Services Title V Block Grant Program report/application guidance and web-based reporting package. We further suggest that these updates be provided in several locations around the country, without charge to the states. Compared to the updates currently provided at AMCHP's annual conference, regional trainings would allow more interaction among regional stakeholders and MCHB. Further, providing the updates without cost would remove potential financial barriers to the attendance of persons who prepare the MCH reports/applications but are not members of AMCHP.

Guam requests technical assistance from the National Center for Cultural Competency to provide training and assistance. Training should also include strategies for community education and outreach to disparate populations

Insurance coverage for 18-21 year old YSHCN

According to the American Academy of Pediatrics, the goal of transition in health care for young adults with special health care needs is to maximize lifelong functioning and potential through the provision of high quality and developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood; however, this standard is very difficult to attain because of issues related to the cost of care. Typically, both private and public insurance programs discontinue coverage for children as they reach the ages of 18-21. Youth must then find private coverage (through their parent/school/work) or apply for public coverage (e.g. Social Security, Medicare, Medicaid, Title V). In addition to having to investigate

and maneuver through this process, these youth frequently must meet a higher standard to qualify for coverage. It is not unusual for this standard to require that they be able to work or attend school full-time or be completely disabled and unable to do so. These are opposite ends of a continuum of physical ability and there are many degrees in between. There is great difficulty in finding coverage for those YSHCN who have significant health conditions but are able to work or attend school with modifications and considerations for their individual needs.

Youth with special health care needs experience this lack of insurance in the form of substantial negative impacts, both physiologic and economic. In comparison to youth in general, YSHCN have poorer health status, use more services (outpatient, inpatient, specialty and ancillary), have more prescription medication, experience additional days of restricted activity, and report more unmet needs (related to financial barriers) and greater personal expense.

Adolescent Health Strategic Planning

Technical assistance is needed to carry out strategic planning around the health of adolescents and school age children. The DPHSS is working to identify and define the needs of adolescents for a medical home and implement strategies that will provide parents, communities, and providers with the information and skills they need to meet the developmental, health, and social service needs of adolescents. The DPHSS is working under budget and staffing constraints that make it important to prioritize work, establish partnerships, and target proven strategies to the populations most in need. Although some proven strategies are in place in core MCH planning communities, program scale and capacity is lacking, as communities, schools, and health care providers continue to struggle with the complex problems associated with poverty, racism, and classism. DPHSS staff members invest large amounts of time participating on networks and advisory groups and providing technical assistance to community coalitions. The DPHSS needs a facilitator to help it process information from formative research, identify potential partners with common outcome objectives, clarify appropriate public health roles for staff members, and set five-year priorities for the DPHSS adolescent health agenda with specific channels and subpopulations identified for interventions. This agenda needs to be clearly communicated to partners and communities.

A request for technical assistance has bee submitted requesting funds to have one or two MCH staff attend the National Network of State Adolescent Health Coordinators. This meeting will provide an opportunity to lean what other federal agencies and states are doing in the area of adolescent health and to network with other states that may have limited or no funds for adolescent health coordinators, and to provide input into future directions.

Technical assistance on how to conduct cost-effectiveness, cost-benefit, and cost avoidance analyses for Title V programs would also be very beneficial for staff. During the current era of budget shortfalls in Guam, there has been greater scrutiny by decision-makers as to the cost-effectiveness and fiscal neutrality of programs. Technical assistance on the steps involved in analyses, parameters to consider, accepted methodologies, and effective presentation of results would supplement staff's ability to provide this critical information to program managers and administration officials.

//2009//

/2010/

Technical assistance was given to Guam MCH team on the process of writing and submitting to the HRSA and will be reviewing the draft of 2010 application of the MCH grant in May. More Technical assestance may be asked in 2010 for the Needs Assessment for the new grant period.
//2010//

V. Budget Narrative

A. Expenditures

/2010/

Estimates had to be used in providing budget and expenditure details. Breakdown of expenditures by type of services is a very difficult task when we try to assess the performance of a public health professional. This task is quite easy at the levels of the pyramid related to direct services. At this level, we know who serves the different groups of the MCH population and the amount of time dedicated to each of the subgroups, allowing us to determine the expenditures by the individual served. But trying to estimate the amount of time dedicated to each of the subgroups comprising the MCH population, as well as the time dedicated to perform enabling, population-based or infrastructure building services is not an easy task. For this reason, estimates had to be made and this may lead to discrepancies between the budgeted and the expended figures by levels of the pyramid.

Guam Title V continues to make a concerted effort to refine our budget to distinguish direct services from enabling services and population-based services.

Administrative Costs are budgeted at $133,559 which is 10 percent of the total federal grant award. This amount will not exceed the allowable 10 percent of the total MCH Block Grant as mandated in OBRA 1989.

Personnel are employed to develop and implement standards of care as well as to directly provide services to clients. Typically, classes of employees include physicians, social workers, nurses, nurse practitioners, nutritionists, health aides and clerical staff. Employees are required to meet the standards for practice as specified by his or her professional organization.

Equipment including minor medical and office, may be purchased in order to administer the program. The equipment items are minor parts of the budget. Government of Guam procurement regulations governing purchasing of equipment is strictly followed.

Supplies include the necessary clinical and office materials to operate the programs and to deliver patient care. Supplies are purchased centrally and according to purchasing policy of the government of Guam.

Contractual reflects funds budgeted to purchase services from outside providers. Examples would be the Pediatrician for children and infant services. Furthermore, this individual acts as our Newborn Metabolic Screening Physician.

Other expenditures include telephone, copying and postage used on behalf of the block grant program.
//2010//

B. Budget

/2010/

Form 2 outlines our proposed budget for the coming federal fiscal year. For Fy'10, children's preventative and primary care comprise a minimum of 30% of the anticipated federal allocation. CSHCN reflects 30% of the federal allocation and includes spending in the areas of direct services. Administrative expenditures are budgeted to be no more than the allotted 10% of the budget.

The Guam Title V Program will expend funds for the four types of services (Core Public Health/Infrastructure, Population Based Individual Services, Enabling and Non-Health Support, and Direct Health Care Services). Services will target the three categories including pregnant women and infants, children and adolescents, and Children with Special Health Care Needs, specifically those in families living at or below 185 percent of the federal poverty level.

1. Preventive and Primary Care Services
The Guam MCH Program will continue to expend Title V funding earmarked for preventive and primary care on immunization, case management and care coordination, hearing and vision screenings and genetic testing and counseling. Clinical service include well-child, maternity and prenatal care, family planning, oral health services. Approximately 90% of Title V funding is used to cover local health department clinical services. Title V will also support home visiting and care coordination services for pregnant women and infants as well as other activities aimed at improving the health of pregnant women and infants including standards development, quality assurance, health promotion and outreach.

The Title V Program continues to try to proactively address factors impacting birth outcomes such as unintended pregnancy, obesity, preconception, prenatal care utilization, alcohol, substance abuse, tobacco, mental health, and eliminating disparities for pregnant women in accessing services.

2. Services to Children with Special Health Care Needs
Title V funding is used to support the Children with Special Health Care Needs activities and services. These programs and services address newborn hearing and metabolic screening, genetic services, and locating medical and dental services specifically for children with special healthcare needs.

3. Infrastructure Building Services
To sustain the infrastructure of MCH/CSHCN programs, funds are used for the salaries of clinical and administrative staff. Funds are also invested for the needs assessment and other core functions, equipment, professional development, the purchase of computers, e-mail and informatics system maintenance, support for applied research and surveillance. All travel expenses required to attend meetings, conferences and trainings in the mainland, and other related activities are paid with these funds.

4. Administrative
Administrative costs in the Department of Health and the Maternal and Primary Care Administration include administrative overhead, internal accounting and information system charges, budgeting, and other charges generated from the operations and management units of the operating division.

The total request for the Maternal and Child Health Block Grant for FY'10 is $1,335,595. The State Match is $572,398.

The breakdown is as follows:

1. Pregnancy women $411,567
2. Infants < 1 year old $228,959
3. Children 1 to 22 years old $332,551
4. Children with Special Health Care Needs $228,959
5. Administration $133,559
Types of Services by Levels of the Pyramid:

For FY'10 $614,374 is budgeted for Direct Health Care Services. This includes prenatal

care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted $267,119 under Enabling Services for FY'10. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special healthy care needs.

For Population based services, Guam has budgeted $267,119. These activities include immunizations, oral health education, newborn metabolic screening, genetic activities and injury prevention.

Guam has budgeted $186,983 for Infrastructure Building Services. Funds have been designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities. //2010//

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.